## Dickinson Intramurals and Recreation Intramural Official's Application

Name	Date:	
HUB Box #	Expected Graduation Date	
Phone #	Major(s)	
E-Mail Address:	GPA	
*Please include a copy of your resume with this	s application	
Are you available to work between 4 and 6 hours	per week? Yes N	lo
Have you worked at Dickinson Yes	No	
If yes, where/when:		
Please list any skills and/or special training you ha	ave that makes you qualified for this posi-	tion:
Are you CPR Certified?YesNo	Expires Agency	
Are you First aid certified?Yes No	Expires Agency	
(CPR and First Aid Certification is not required,	training will be provided)	
Have you participated in Intramural Sports?	Yes No	
Please list all activities/organizations that you plan		ons
you plan to hold during the current academic year	r (both volunteer and paid):	

What interests you in the position of Intramural Official:		
Please provide two references that have dire	ct knowledge of your competence and abilities. Do	
not list relatives. At least one of the references must be a Dickinson College administrator,		
faculty, staff member, or a current intramural student employee.		
1. Name		
Email		
Phone Number	Relationship	
2. Name		
Phone Number	Relationship	