



# STAFF APPLICATION

This application must be filled in and sent back to The Volleyball Academy by July 15th 2010.  
Fax to 519-786-6686

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_

MAILING ADDRESS:(IF IN COLLEGE)

\_\_\_\_\_

CAMP EXPERIENCE IN YEARS (CAMPER AND/OR STAFF): \_\_\_\_\_

REFERENCE #1 CONTACT INFO

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

REFERENCE #2 CONTACT INFO

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

WHAT SETS YOU APART:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THREE THINGS OR TALENTS PEOPLE MIGHT NOT KNOW ABOUT YOU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_