

**Athletic Training Student Aide Program Application**

**The Athletic Training Student Aide Program is a volunteer program that gives students who are interested in going into sports medicine or physical therapy an opportunity to work with student-athletes in a healthcare setting. Students who are simply interested in helping and being involved with a high school sport may also apply. Upon acceptance, the Athletic Training Student Aide Program allows students to gain valuable hands-on experience that can help in the next step of their career path.**

**Please fill out the application below and return to the Athletic Training Room. Notification of status will be given at a date to be determined. Thank you for your interest!**

**Gail Swisher, ATC**

**Bexley High School Head Athletic Trainer**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address:

\_\_\_\_\_

Student Phone Number: \_\_\_\_\_

Student Email: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How many days have you been absent this school year? \_\_\_\_\_

Have you ever been disciplined by school administration? \_\_\_\_\_

If yes, explain :

\_\_\_\_\_

Please list any extra-curricular activities you are involved in or plan to be involved in:

\_\_\_\_\_

Hobbies and Interests:

\_\_\_\_\_

Are you planning a career in the Health Care profession? Please explain your future plans:

\_\_\_\_\_

Why would you like to volunteer as a Student Athletic Training Aide?

\_\_\_\_\_

References:

Please give the names and signatures of three (3) teachers, administrators, or coaches from Bexley High School who recommend you for the Athletic Training Student Aide Program.

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

I have completed the application truthfully and to the best of my knowledge. I understand the necessary time commitment and that my status and progress in school are a priority.

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Student Signature

Date

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Parent/Guardian Signature

Date