

**Tulane University**  
**Department of Campus Recreation**

**Form of Interest**

Semester Applying For:                  Fall                  Spring                  Summer

Please rank the positions you are applying for 1 (first choice) through 3 (last choice).

- |                                     |                               |                               |
|-------------------------------------|-------------------------------|-------------------------------|
| ___ Front Desk Attendant            | ___ Lifeguard                 | ___ Programs Office Assistant |
| ___ Weight Room Attendant           | ___ Swim Instructor           | ___ Member Services Assistant |
| ___ Babysitting Attendant           | ___ Personal Trainer          | ___ Maintenance Assistant     |
| ___ Athletic Court Supervisor       | ___ Group Exercise Instructor | ___ Ripples Camp Counselor    |
| ___ Intramural Official/Scorekeeper | ___ Fitness Instructor        | ___ Other _____               |

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Permanent Phone \_\_\_\_\_ Hours Available per Week \_\_\_\_\_

Are you currently an enrolled Tulane University student?      YES      NO

If no, are you enrolled at another school?      YES      NO      If yes, where? \_\_\_\_\_

Year in School \_\_\_\_\_ Are you applying for a Federal Work Study Grant?      YES      NO

Have you worked at Tulane before?      YES      NO      If yes, please complete the remainder of this section.

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone Number \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Please list all current American Red Cross certifications:

1. \_\_\_\_\_ Expiration Date \_\_\_\_\_
2. \_\_\_\_\_ Expiration Date \_\_\_\_\_
3. \_\_\_\_\_ Expiration Date \_\_\_\_\_
4. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please provide front and back copies of your certification card(s) with your application.

Tulane University students must provide a copy of their academic schedule.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Priority is given to currently enrolled Tulane University students.*

# Availability Form

Name \_\_\_\_\_

Job Position \_\_\_\_\_

Semester \_\_\_\_\_

Hours per Week \_\_\_\_\_

Use the text boxes to indicate the following:

UNAVAILABLE (XXXXXXXXXX)

TIMES YOU WOULD PREFER TO WORK (PREFERRED).

Leave all other times blank.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
5:30-6:00 am							
6:00-6:30 am							
6:30-7:00 am							
7:00-7:30 am							
7:30-8:00 am							
8:00-8:30 am							
8:30-9:00 am							
9:00-9:30 am							
9:30-10:00 am							
10:00-10:30 am							
10:30-11:00 am							
11:00-11:30 am							
11:30-12:00 pm							
12:00-12:30 pm							
12:30-1:00 pm							
1:00-1:30pm							
1:30-2:00 pm							
2:00-2:30 pm							
2:30-3:00 pm							
3:00-3:30 pm							
3:30-4:00 pm							
4:00-4:30 pm							
4:30-5:00 pm							
5:00-5:30 pm							
5:30-6:00 pm							
6:00-6:30 pm							
6:30-7:00 pm							
7:00-7:30pm							
7:30-8:00 pm							
8:00-8:30 pm							
8:30-9:00 pm							
9:00-9:30 pm							
9:30-10:00 pm							
10:00-10:30 pm							
10:30-11:00 pm							