



Snead State Community College

Intramural Student-Workers Application

(PLEASE PRINT ALL INFORMATION CLEARLY—ALL STUDENTS MUST RE-APPLY FOR A POSITION EACH SEMESTER)

Semester: _____

Name: _____

Local/School Address: _____

E-mail Address: _____

Phone # (Cell or Home): _____

Student I.D. #: _____

Positions (Please choose the positions you would like to apply for and rate them according to your interest on a scale beginning with 1 as your first choice, 2 for your second choice, etc.):

___ Referee/Official

___ Scorekeeper

Please List All Past Work Experience:

Please list the names and phone numbers of two work references:

Work Hours Available (Not Your Class Schedule):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

I hereby authorize the Intramural Director to verify my G.P.A.: _____