

**Adult Health and Development Program
Staffer Application**

Date _____

Name _____

School Phone # _____ Home Phone # _____

Cell # _____ Email Address _____

School Address _____

Home Address _____

Date of Birth _____

Degree _____ Date of Graduation _____

Major _____ Minor _____

How did you hear about the AHDP? _____

What interests you about participating in the AHDP? _____

Are there any skills you would feel comfortable teaching or leading (or assisting a leader) ie. dancing, yoga, exercise, swimming, arts & crafts, health education activities?

What are your hobbies? _____

I prefer to work with a (1)male____ (2)female____ (3) either____

Are there any other particular qualities or characteristics you would prefer in a member?

Additional Comments _____

Please return to: Nancy Owens, AHDP Office, MSC 9017, Blue Ridge Hall, Room 157