

Application for Athletic Training Student Assistant

Name: _____

Current School: _____

Address: _____

Major: _____

Date of Birth: _____

Current GPA: ____/4.0

Cell Phone Number _____

Do you have any experience in the field of sports medicine? Yes No

If yes, please explain:

Please list jobs for the past 5 years:

Why are you interested in this position?

Please email the completed form along with your resume and references to bbelew@utm.edu