



# 2012 Hoop Hall Dreams Camp Staff Application

Please Return To: 1000 West Columbus Ave, Springfield MA 01105  
Or Email A Scanned Copy to Patrick Powers – [ppowers@basketbull.org](mailto:ppowers@basketbull.org)  
[www.BasketBull.org](http://www.BasketBull.org)



Name \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Best Time To Reach You \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

## COACHING EXPERIENCE

Current Team \_\_\_\_\_ Level \_\_\_\_\_ # of Years \_\_\_\_\_

Position \_\_\_\_\_ Supervisor & Phone # \_\_\_\_\_

Past Team \_\_\_\_\_ Level \_\_\_\_\_ # of Years \_\_\_\_\_

Position \_\_\_\_\_ Supervisor & Phone # \_\_\_\_\_

Past Team \_\_\_\_\_ Level \_\_\_\_\_ # of Years \_\_\_\_\_

Position \_\_\_\_\_ Supervisor & Phone # \_\_\_\_\_

## REFERENCES

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

**WHAT WEEK OF CAMP ARE YOU APPLYING FOR (CHECK THOSE THAT APPLY)**

**CAMP TO BE HELD AT WESTFIELD STATE WITH DAILY TRANSPORTATION TO THE BASKETBALL HOF**

Boys Week 1 – July 22 – July 25 \_\_\_\_\_ (4 Days, 3 Nights)

Girls Week 1 – July 29 – August 1 \_\_\_\_\_ (4 Days, 3 Nights)

Boys Week 2 - August 5 – August 9 \_\_\_\_\_ (5 Days, 4 Nights)

**CAMP EXPERIENCE**

1. Have you ever worked at an overnight basketball camp before? \_\_\_\_\_
2. If so, when?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Are you CPR certified? \_\_\_\_\_

PLEASE LIST CAMPS WORKED

Camp	Location	Dates

**ADDITIONAL INFORMATION**

1. Have you ever been convicted of any crime of violence against minors, including but not limited to those listed below?
  - a. Indecent assault and battery on a child under eighteen? YES NO
  - b. Indecent assault and battery on a mentally retarded person? YES NO
  - c. Indecent assault and battery on a person who had obtained the age of eighteen? YES NO
  - d. Rape? YES NO
  - e. Rape of a child under sixteen (16) with force? YES NO
  - f. Assault with the intent to rape? YES NO
  - g. Kidnapping of a child under sixteen with intent to commit rape? YES NO
  - h. Distribution and trafficking of narcotics or other controlled substances? YES NO
  - i. Intent to commit any of the above crimes? YES NO

- 2. Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  
YES NO
- 3. Are you subject to any court involving sexual or physical abuse of a minor including, but not limited to a domestic order?  
YES NO
- 4. Have your parental right ever been terminated for reasons involving sexual or physical abuse of children?  
YES NO
- 5. Have you ever been arrested?  
YES NO
- 6. If yes, please explain

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- 7. Have you ever been convicted of any crime?  
YES NO
- 8. If yes, please explain

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**ACKNOWLEDGEMENT**

I, \_\_\_\_\_ (Print Name) have filled out this application accurately and to the best of my abilities and knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*All Applicants Are Subject To An Additional Background Check\*\*\***