

# Christian Cheerleaders of America STAFF APPLICATION

## PERSONAL INFORMATION

Name: \_\_\_\_\_  
                    First                                    Middle                                    Last                                    Nickname

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: (     ) \_\_\_\_\_ Cell Number: (     ) \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State of Drivers License #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## COLLEGE INFORMATION

Name of College: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

College Number: (     ) \_\_\_\_\_ Work Number: (     ) \_\_\_\_\_

Major: \_\_\_\_\_ Classification: Fresh Soph Junior Senior Grad

## HIGH SCHOOL INFORMATION

(Applicants applying for Intern position only)

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Classification: Junior Senior

## EMERGENCY INFORMATION

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: (     ) \_\_\_\_\_ Work Number: (     ) \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Number: (     ) \_\_\_\_\_

PO Box 49  
Bethania, North Carolina 27010

Phone: (336) 283-0322  
E-mail: info@cheercca.com

**GENERAL INFORMATION**

Briefly list any work experience that you feel would help you be a good CCA Staff Instructor: \_\_\_\_\_

What are your strengths and weaknesses related to this job: \_\_\_\_\_

What are your future plans after High School and/or College: \_\_\_\_\_

Do you understand the unique requirements for being a part of CCA Staff: (Dress, Attitude, Etc.) YES NO

Are you willing to abide by the rules and conduct set forth within the CCA WAY: YES NO

Are you able to work camps from June 5 - August 5: YES NO

List any dates not available and REASON: \_\_\_\_\_

Are you experienced/willing to be in front of people speaking using a microphone: YES NO

Can you sing: YES NO What Church do you attend regularly: \_\_\_\_\_

What activities are you involved in with that church: \_\_\_\_\_

Are you experienced/willing to counsel others regarding salvation or a spiritual decision: YES NO

Why do you want to work CCA CHEER Camps this summer: \_\_\_\_\_



**Briefly on a separate sheet, write or type out your personal testimony including your salvation experience and what the Lord has been doing in your life!**



**REFERENCE INFORMATION** (non family member)

Cheerleading Coach: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

School Official: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Pastor/Youth Pastor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**SIZE INFORMATION**

**MALE**

Shoe Size \_\_\_\_\_  
Coat Size \_\_\_\_\_  
Inseam (in.) \_\_\_\_\_ (pants)  
Inseam (in.) \_\_\_\_\_ (shorts)\*\*  
Waist (in.) \_\_\_\_\_  
Shirt Size S M L XL  
Short Size S M L XL

**FEMALE**

Shoe Size: \_\_\_\_\_  
Dress Size: \_\_\_\_\_  
Hips (in.) \_\_\_\_\_  
Bust (in.) \_\_\_\_\_  
Waist (in.) \_\_\_\_\_  
Inseam (in.) \_\_\_\_\_ (shorts)\*\*  
Shirt Size S M L XL  
Short Size S M L XL

**\*\*Short Inseam must be no more than 3" above knee\*\***

**EMPLOYMENT INFORMATION**

Most Recent First

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Position: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**CHEERLEADING INFORMATION**

Experience in Years: \_\_\_\_\_ Jr./JV \_\_\_\_\_ High Sch \_\_\_\_\_ College \_\_\_\_\_ All-Star

Schools Cheered/Cheer For: \_\_\_\_\_

Honors Received: \_\_\_\_\_

Do you have any instructor experience: YES NO (If yes) Which Organization: \_\_\_\_\_

Do you have any cheerleading judging experience: YES NO List Competition(s): \_\_\_\_\_

Have you attended cheer camp: \_\_\_\_\_  
Where Year(s) Organization/Company

Name all the jumps you can perform consistently: \_\_\_\_\_

Can you perform the following skills without a spotter: Standing Back Handspring: YES NO  
Standing Back Tuck: YES NO  
Roundoff Back Handspring: YES NO  
Roundoff Back Tuck: YES NO

List any other gymnastic skills: \_\_\_\_\_

What is your preferred stunt position: Base Flyer Can you do both positions: YES NO

Have you coed partner stunted: YES NO How long: \_\_\_\_\_ Years \_\_\_\_\_ Months

List the most advanced stunts you perform consistently: \_\_\_\_\_

List any certifications you hold in cheerleading, gymnastics, medical, safety, or judging: \_\_\_\_\_

List anything else we should know in regards to your skills and experience as a cheerleader: \_\_\_\_\_

Are you applying for a position with any other Cheerleading Organization: YES NO

# EMERGENCY INFORMATION FORM

## Personal Info

Name of Staff Person: \_\_\_\_\_  
First Middle Last

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: ( ) \_\_\_\_\_ Cell Number: ( ) \_\_\_\_\_

College Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

College Number: ( ) \_\_\_\_\_ College Work Number: ( ) \_\_\_\_\_

## Emergency Contact Info

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone Number: ( ) \_\_\_\_\_ Evening Phone Number: ( ) \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_

## Medical Info

Drug allergies and other special needs: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Medication Taken: \_\_\_\_\_

Special Medical Situations or Problems: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_ I/N/O: \_\_\_\_\_ Group #: \_\_\_\_\_

Auto Insurance Company Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

\_\_\_\_\_  
STAFF SIGNATURE

\_\_\_\_\_  
DATE

**PERMISSION TO TREAT:** (parental signature needed only for applicants under 18 years of age)

My signature below authorizes treatment of my child, \_\_\_\_\_ in case of a medical emergency at which time I cannot be located. This authorizes any medical treatment necessary for trauma or needed for life threatening injury or accident.

\_\_\_\_\_  
PARENTAL SIGNATURE

\_\_\_\_\_  
DATE