KEYSTONE GAMES STAFF INFORMATION SHEET

Name: _____

Street: _____

Town: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Email: _____ Cell Phone: _____
(Your information will be kept confidential)

A. I Am Willing To Serve As A Volunteer Member Of The Medical Staff. I can work the following :

- ❒ TUES. JULY 22 Morning _____ Afternoon _____ Evening_____ Anytime_____
- ❒ WED. JULY 23 Morning _____ Afternoon _____ Evening_____ Anytime_____
- ❒ THU. JULY 24 Morning _____ Afternoon _____ Evening_____ Anytime_____
- ❒ FRI. JULY 25 Morning _____ Afternoon _____ Evening_____ Anytime_____
- ❒ SAT. JULY 26 Morning _____ Afternoon _____ Evening_____ Anytime_____
- ❒ SUN. JULY 27 Morning _____ Afternoon _____ Evening_____ Anytime_____

B. PLEASE CHECK:

** Please send a photocopy of your current certificate with this form or bring with you to the Games.

- ❒ CERTIFIED ATHLETIC TRAINER** ❒ EMT/PARAMEDIC**
- ❒ ATHLETIC TRAINING STUDENT
- ❒ PHYSICAL THERAPIST** ❒ NURSE**
- ❒ PHYSICIAN SPECIALTY** : _____ ❒ OTHER: _____

C. I AM INTERESTED IN ATTENDING:

- ❒ CME Program (Friday evening, July 25, 2008)
- ❒ Fundamentals of Taping/Wrapping & Dynamic Flexibility Workshop (Wed. evening, July 23, 2008)

SPORT **PREFERENCE**: (This is not a guarantee that you will be given this sport. Schedules will be done according to need)

1ST CHOICE: _____
2ND CHOICE:_____

D. HOUSING NEEDED FOR:

❒ Tues Eve. ❒ Wed Eve. ❒ Thurs Eve. ❒ Fri Eve. ❒ Sat Eve.

I will arrive: _____ (Day) & _____ (Time)
I must depart _____ (Day) & _____ (Time)

E. ❒ I am not available for this year's Keystone State Games. Please contact me for next year's 2009 Games.

PLEASE RETURN TO: WellSpan Community Health Improvement
Edgar Square
1101 S. Edgar Street, Ste. F
York, PA 17403

Please Send By June 1, 2008