

CHAMPS Assistant Application

(Please print)

Name as you want it to appear on stipend check: _____

(Must match name on W9 form)

SSN (needed to process stipend check): _____ DOB: _____

Current Address: _____

City/Zip: _____

Phone #: _____ Email address: _____

Mark an "X" in the box(es) for the site(s) where you'd like to help with a CHAMPS program. If you mark more than one box, prioritize those sites. (1 is the highest)

"X"	Site	Priority
	Crossett	
	El Dorado	
	Fayetteville	
	Harrison	

"X"	Site	Priority
	Heber Springs	
	Helena	
	Magnolia	
	Pine Bluff	

Do you need housing at any of the sites you checked? Yes No

If yes, where? _____

Please discuss housing needs when you submit this application.

Are you from any of the communities you have selected? Yes No

Describe any clinical skills you have that may be useful in a CHAMPS program (i.e. demonstrate how to take blood pressure, CPR Instructor or First Aid Instructor certified, previous experience classroom teaching, etc.):

I understand that CHAMPS is a 3-5 day program (Monday through Friday) that typically begins at 7:30 or 8:00 AM through 4:00 or 4:30 PM each day. My responsibility is to ensure that the CHAMPS participants are in their assigned activities and to assist the CHAMPS director in any other area involving the CHAMPS program (i.e. teaching a session, chaperoning a field trip, completing necessary paperwork, etc.). I will serve as a positive role model to the CHAMPS participants. I also understand that there are no days off during the CHAMPS program, but if I am sick or unable to be with the group, I will notify the CHAMPS Director immediately.

Your signature

Date