CANAL WINCHESTER HIGH SCHOOL

ATHLETIC TRAINING STUDENT AIDE PROGRAM

APPLICATION

Name: _____

Graduation Year: _____

Revised April 2020

Dear Applicant:

Thank you so much for your interest in the Canal Winchester Athletic Training Student Aide (ATSA) Program! While this program is new to Canal Winchester, similar ATSA programs are successfully occurring at other area high schools and we are excited to bring this engaging and educational opportunity to CWHS. This eight-week program can fulfill any for-credit internship or volunteer hour requirements if needed.

Athletic training is within the realm of sports medicine. Athletic trainers (ATs) are certified and licensed healthcare professionals. While working closely with physicians, ATs are responsible for education, prevention, first aid, emergency care, diagnosis, and rehabilitation of sport-related injuries. We complete these responsibilities at CWHS during after school practices and home sporting events. The role of the student aid is to assist the athletic trainer(s) in daily operations to care for student-athletes at CWHS. These responsibilities and tasks will increase with difficulty as the ATSA becomes competent. Tasks include, but are not limited to: first aid and wound care, hydration tasks, cleaning, and rehabilitation exercise assistance. The student aid will always be directly supervised by an AT as directed by athletic training licensure laws in the State of Ohio.

This program is quite flexible with the student's schedule as we understand that the student may have interests and responsibilities outside of this particular extra-curricular. However, we ask that the ATSA commit to attend *at least* 2 practices/week in addition to any home game coverage for a minimum to 10 hours per week. Aligned with the CW Athletic Department, additional requirements include a minimum of 1.65 GPA and passing 5 credits. Professional and courteous behavior is expected at all times. These requirements and expectations are aligned with the CWHS Athletic Department.

For more information, please refer to the ATSA Program Handbook.

We look to accept at least two qualified ATSA applicants with the goal of expanding in future seasons. Once the application deadline has passed, please allow us one week to review and check references. If you are selected to proceed, we will notify you to schedule an interview.

We are looking forward to reviewing your application. Please let us know if you have any questions prior to submitting the application!

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Please complete all six parts of this application fully and to the best of your ability prior to submission. Failure to complete a section or submit application by the due date may result in being denied.

PART I: *GENERAL INFORMATION. Please complete all of the following:*

Name_____

Address_____

Phone_____ **Email**_____

Birthdate: _____ **Grad Year**_____

Current GPA (as of last report card): _____

Are you applying to earn: Internship Flex Credit _____ **or** Volunteer Hours_____
If *Internship Credit*, have you contacted Mrs. Ankrom? Yes___ No___
If *Volunteer Hours*, who is the supervisor of the club/class/graduation? _____

Do you have any previous sports medicine or medical experience? Yes _____ No_____
If yes, please elaborate. _____
_____

Are you certified in First Aid or CPR? Yes _____ No_____
Are you willing to go to a class? _____

Are you willing to work on Saturdays? Yes_____ No_____

Are you applying to work with an: entire sports season_____ **or** specific sport(s)_____

If you wish to work an entire sports season, which season(s)? *Please mark all that apply*:
Fall_____ Winter_____ Spring_____

If you wish to work with specific sport(s), which sports? *Please mark all that apply:*

Football____	Girls Basketball ____	Track & Field___
Girls Soccer_____	Boys Basketball ____	Baseball____
Boys Soccer ____	Wrestling____	Softball____
Volleyball ____		

Are you a student-athlete? (For CWHS or club team) Yes_____ No_____
If yes, which sports/clubs do you play? _____
_____

Do you have a job? Yes_____ No_____
If yes, which days are you *typically* scheduled to work? Please mark all that apply.
Monday ____ Tuesday____ Wednesday____ Thursday___ Friday ___ Saturday___
This schedule is: Certain___ Subject to change___ A guess____

PART II: *SHORT ESSAY.*

Please answer each question in thoroughly. You can either type your answers & attach it to the application OR hand write them below. If you need more space, please continue on a separate piece of paper.

Why do you want to be an Athletic Training Student Aide (ATSA)? What will you bring to this program?

_____
_____
_____
_____
_____
_____

What are you most interested in learning during your time as an ATSA? What are your goals?

_____
_____
_____
_____
_____
_____

What concerns you (what makes you nervous or uncomfortable) about this internship?

_____
_____
_____
_____
_____
_____
_____

PART III*: SCENARIOS.*

*This portion of the application is a scenario based**.** You are not expected to know the complete correct answer to these. However, answer them to the best of your ability. Your responses in this section should highlight your critical thinking skills and give us an understanding of your knowledge of sports medicine.*

*Please answer only **THREE** of the following questions.*

1. **A football player comes off the practice field bleeding from his shin. He says that another player "cleated" him (stepped on his shin with their cleat). Blood is dripping down his leg. What tools or equipment do you think that you would need to help this athlete? What would you do to help the athlete and return them to practice?**

   _____
   _____
   _____
   _____
   _____
   _____
   _____

2. **A wrestler was struck in the face by his opponent and has a bloody nose. What would you do to help this athlete before returning him to play?**

   _____
   _____
   _____
   _____
   _____
   _____
   _____

3. **An athlete is injured during a game and is down on the ground holding their knee. The game is stopped and Mrs. Sarah and Mr. Andres run out to the field to assess the injured athlete. What are ways you could assist Mrs. Sarah and Mr. Andres?**

_____

_____

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_____

4. **A basketball player complains of cramps in their calf muscles (lower leg muscles). They can barely walk and you can visibly see that they are in excruciating pain. What can you do to help this athlete?**

_____

_____

_____

_____

_____

_____

_____

5. **Knowing what you currently know about the ATSA program and sports medicine, how do you anticipate helping Mrs. Sarah and Mr. Andres during your time as an ATSA?**

_____

_____

_____

_____

_____

_____

_____

PART IV*: REFERENCES.*

Please provide at least two (2) references who could recommend you to become an ATSA. These individuals could be from school, sports, or work place and should speak to your professionalism, work ethic, and character.

REFERENCE 1:
Name: _____ **Phone:** _____
Email:_____ **Preferred method of contact:** Phone____ Email____
How does this individual know you? _____
Does he/she know that you've listed them as a reference? Yes_____ No____

REFERENCE 2:
Name: _____ **Phone:** _____
Email:_____ **Preferred method of contact:** Phone____ Email____
How does this individual know you? _____
Does he/she know that you've listed them as a reference? Yes_____ No____

REFERENCE 3 (optional)**:**
Name: _____ **Phone:** _____
Email:_____ **Preferred method of contact:** Phone____ Email____
How does this individual know you? _____
Does he/she know that you've listed them as a reference? Yes_____ No____

PART V: *Emergency Contact Information*

	Primary	**Secondary**
Name		
Relation to Applicant		
Phone Number (Home)		
Phone Number (Mobile)		
Email		

PART VI: *Confirmation of Application.*

STUDENT:

I acknowledge that the above application was completed individually, honestly, and to the best of my ability.

Student Name (Printed): _____

Student Signature: _____ **Date**: _____

PARENT:

We are honored that your child is interested in our program.

By signing below, I acknowledge that:

A. I grant permission for my child to apply for and upon acceptance to participate in the Canal Winchester High School Athletic Training Student Aide Program.

Name of Parent/Guardian (printed):_____

Signature of Parent/Guardian: _____ Date: _____

Phone Number:_____ Email: _____

DATE RECEIVED _____