

2021-22 APPLICATION BALL CREW - GAME NIGHT STAFF - INTERNSHIPS



| Full Name: | | Birth date: must be 18+ to apply | | | | |
|---|------------------------------|----------------------------------|-------------------------------|-----------------------|------------------|----------------------|
| Address: | | | | | | must be 18+ to apply |
| Phone #: | | | Email: | | | |
| | PLEASE CIRCLE W | HICH POSITIO | DN(S) Y | OU ARE INTERE | STED IN | |
| Ball Crew | ew Video Board | | Game Operations/Entertainment | | nt | Social Media |
| Photo/Video | Music | Broadcast/Car | nera | Stats | Other _ | |
| Please check box if | you are using this for schoo | ol/college credit. | | Please check box if y | ou have received | COVID-19 Vaccine |
| How many hours do you | need for credit? | | | NBA Requirement | | |
| EDUCATION INF | ORMATION | | | | | |
| College/University/High School currently attending: | | | Major/Minor: | | Graduated in | |
| | | | | | Will graduate i | n |
| Honors/Awards/Extracurricula | irs: | | | | | |
| Current Occupation: | | | | | Full Time | _ |
| | | | | | Part Time | _ |
| Future Career Plans/Goals | | | | | | |
| | | | | | | |
| | V EVDEDIENOE | | | | | |
| PREVIOUS WOR | Comp | anv | | Position | | |
| Dates (Homelo) | Сопр | ally | | rosition | | |
| Position Details/Duties: | | | | | | |
| Reason For Leaving: | | | | City, Stat | Te: | |
| | | | | | | |
| Dates (From-To) | Comp | any | | Position | | |
| Position Details/Duties: | | | | | | |
| Reason For Leaving: | | | | City, Stat | e: | |

| ADDITIONAL INFORMATION PLEASE ANSWER EACH QUESTION B | ON BELOW. | | | | | |
|---|--------------------------|-------------------|--------------|--|--|--|
| Why do you want to become involve | ed with the Skyforce org | ganization? | | | | |
| Please list other specific skills or e | xperiences that relate t | to this position. | | | | |
| AVAILABILITY Refer to our home game schedule (found on our website) and list the number of games you would be available to work. | | | | | | |
| OF 25 HOME GAMES | | | | | | |
| REFERENCES PLEASE LIST 3 PROFESSIONAL REFERENCES | | | | | | |
| Name | Phone # | Occupation | Relationship | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Signature: Date:

THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

PLEASE SUBMIT COMPLETED APPLICATION TO THE SKYFORCE OFFICE BY 5PM ON **WEDNESDAY OCTOBER 6, 2021.**DROP OFF AT **2131 S. MINNESOTA AVE**., SIOUX FALLS • EMAIL TO **KYLIE@SKYFORCEONLINE.COM**