

## Intramural Sports – Officials Interest Form

### Fall and Spring Semesters

Name \_\_\_\_\_ Date \_\_\_\_\_

Local Address \_\_\_\_\_ Phone \_\_\_\_\_

UE Email Address \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Other \_\_\_\_\_ Major \_\_\_\_\_

Class Rank: Fr. So. Jr. Sr. Gr.

Are you a Federal Work Study student? Yes \_\_\_\_\_ No \_\_\_\_\_ Unsure \_\_\_\_\_

Are you Certified in: First Aid: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CPR: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

AED: Yes \_\_\_\_\_ No \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you previously worked on the UE campus? Yes \_\_\_\_\_ No \_\_\_\_\_

The following are officiated sports. Indicate what sport(s) you would like to work by placing an "OF" or "C" on the line next to the sport.  
 Also, indicate your playing experience by placing a "P" on the line.

**OF** = Official      **P** = Played      **C** = Hold Official Certification

<u><b>Fall Sports</b></u>	<u><b>Spring Sports</b></u>
Flag Football _____	Basketball _____
Soccer _____	Floor Hockey _____
Volleyball _____	

Have you previously worked for Intramurals at UE? Yes\_\_ No\_\_ If yes, what sports and when?

\_\_\_\_\_

Have you previously officiated elsewhere? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Sport Officiated: \_\_\_\_\_

What Level? \_\_\_\_\_

Please bring the completed form to the Fitness Center front desk.