

7. List Bridgewater State University clubs, teams, or organizations in which you are presently a member.

8. Circle your swimming ability:
 - A) non-swimmer
 - B) Beginner (able to swim the length of pool)
 - C) Intermediate (able to swim the length of the pool and tread water for one minute)
 - D) Advanced
 - E) Senior Life Saving

Are you currently a certified lifeguard? YES NO

9. List special interests and/or abilities (music, dramatics, sports, etc.).

10. What semester do you plan to do your student teaching, field experience, or internship?

11. If you are selected as a clinician, which disabilities are you most interested in working with and what age level? Children in the program have physical, mental, and psychological disabilities. The ages of the children range from 18 months to 18 years.

12. If applicable, what position do you hope to seek upon graduation from BSU (i.e. teaching, human services, business, graduate school, etc.)?

13. From your present perspective, how can your involvement in the clinic program contribute to your personal and professional growth and future goals?

13. Do you have a medical condition which could impair your performance in the program? Do you have any food allergies we should be aware of?

Thank you for taking the time and effort to complete this form. Please return this form to Room #107 in Kelly Gymnasium or place it in the drop off envelope on the bulletin board.

(Signature of applicant)

(Date)

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