



3. Please indicate any certifications and the expiration dates (Red Cross, CPR, Life Saving, YMCA, certification in conditioning/training through NSCA or ASCM...)

**References:** Please indicate two (2) individuals with whom you have had contact within the past 2 years and who would be willing to speak to your candidacy. We would particularly appreciate references from individuals who have seen you work with adolescents. Include their names, addresses, telephone numbers, and the capacity in which they know you.

1.)

2.)

***Please read and sign the non-abuse disclosure statement below:***

I am signing this statement to affirm that I have never been arrested for, convicted of, or suspected of an offense related to the abuse of children or of assaultive behavior. I am offering my signature to illustrate my understanding of some of the fears which exist regarding the abuse issue and to maintain the positive image of The Second Mile Friend Fitness Program as a quality care service provider.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN TO:  
THE SECOND MILE ATTN: MEGHAN MCELDRONE  
1402 SOUTH ATHERTON STREET, STATE COLLEGE, PA 16801