



**John Jay College of Criminal Justice**  
**Sports Medicine Department**  
**Student Athletic Trainer Application**

**Name:** \_\_\_\_\_  
**Social Security #:** \_\_\_\_\_  
**Gender** (please circle one): Male / Female

**Date:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**Year in School** (please circle one): FR / SO/ JR / SR

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**Athletic Training Experience**

Please list all High School or College experience:

	Year	School	Position	Supervisor and Contact Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Please list all Athletic Training seminars or clinics you have attended:

	Year	Seminar/Clinic	Location
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please use the space provided to write a short essay, use the back of this form if necessary:

“Why I want to become a Student Athletic Trainer!”

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Mail application to:  
Theresa D. Acosta MS, ATC ♦ Head Athletic Trainer ♦ John Jay College of Criminal Justice ♦  
899 10<sup>th</sup> Avenue ♦ New York, NY 10019-1069 ♦ (212) 237-8324