

**SYNOD OF THE COVENANT**

**Mobile Health Fair Employment Form ~ June 5 – August 5, 2017**

6450 Weatherfield Ct., Unit 1A, Maumee, OH 43537 -- [mhf@synodofthecovenant.org](mailto:mhf@synodofthecovenant.org)

**Position: Team Member 2017**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Why did you apply to serve as a team member for the Mobile Health Fair program?

\_\_\_\_\_  
\_\_\_\_\_

Please list prior work experience including working in a team setting. List the nature of work, dates, and locations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to achieve from this opportunity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List job- related licenses, skills, and training, or extra- curricular activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What post college do you attend and what school-year will you enroll in Fall 2017?

\_\_\_\_\_

Please, list three references who are not relatives. List: Name, Phone, Email

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_