

NSCA COMMUNITY VOLUNTEER APPLICATION

APPLICANT INFORMATION

Region/State/Province Applying For: _____

Position Applying For:

- Advisory Board State Director Regional Coordinator

Last Name _____ First Name _____ M.I. _____

Street Address _____

Apartment/Unit # _____ City _____

State _____ ZIP _____ Phone _____

E-mail Address _____

Which of the following NSCA credentials do you hold?

- CSCS,*D CSCS Years Certified: _____ CSPS,*D CSPS Years Certified: _____
 NSCA-CPT,*D NSCA-CPT Years Certified: _____ TSAC-F,*D TSAC-F Years Certified: _____

How long have you been a member of the NSCA? _____

Current Employment

Company _____ Phone _____

Job Title _____

Address _____

Education | Highest Degree

- Doctorate Masters Bachelors Associates Year Graduated: _____

Field of Study: _____

Other Certifications/Licensures *(Please check other certifications or licenses that you hold)*

- USAW | Level _____ ACSM NASM SCCC ATC ATC/L
 MPT DPT RD

Other: _____

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NSCA Involvement

Please indicate the number of the following NSCA approved conferences or clinics you have attended:

National Conference:		Personal Trainers Conference:	
Coaches Conference:		TSAC Conference:	
Regional Conference:		State Clinic:	
Other:		Number:	
Other:		Number:	

Please identify the NSCA activities you have been involved in and identify the years of involvement:

Special Interest Group:		Years:	
Regional Coordinator:		Years:	
State Advisory Board:		Years:	
State Director:		Years:	
NSCA Committee:		Years:	
Other:		Years:	

Please indicate the number of NSCA activities you have hosted or assisted with:

- Regional Conference: Hosted Assisted Number: _____
- State Clinic: Hosted Assisted Number: _____
- NSCA ERP: Sponsor
- CSCS Exam Prep: Hosted Assisted Number: _____
- NSCA-CPT Exam Prep: Hosted Assisted Number: _____
- Other:

Please identify the general subject matter and the number of presentations or educational articles you have provided for the following:

NSCA National Conference	Subject(s):	Number:	
NSCA Regional Conference	Subject(s):	Number:	
NSCA State Clinic	Subject(s):	Number:	
NSCA Other Conference	Subject(s):	Number:	
<i>Journal of Strength and Conditioning Research (JSCR)</i>	Subject(s):	Number:	

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<i>Strength & Conditioning Journal (SCJ)</i>	Subject(s):	Number:	
<i>NSCA Coach</i>	Subject(s):	Number:	
<i>Personal Training Quarterly (PTQ)</i>	Subject(s):	Number:	
<i>TSAC Report</i>	Subject(s):	Number:	
<i>Performance Training Journal (PTJ)</i>	Subject(s):	Number:	
Other:	Subject(s):	Number:	
Other:	Subject(s):	Number:	

Please identify any other NSCA related activities you have assisted with:

In a brief paragraph, what are at least 3 goals you would have as an NSCA volunteer?

***** Please submit a resume identifying additional professional work and involvement.**

Commitment to the NSCA SPD Program

I have reviewed the appropriate handbook and understand the roles and responsibilities of the position I am applying for.

Signature _____ Date _____