**BCCC FEDERAL WORK STUDY PROGRAM**

**POSITION REQUEST FORM**

**Financial Aid Award Year: \_\_\_2022-2023\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name of Department Office (on campus): \_\_**Athletics**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organization (off-campus): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Title of Position: **Gym Attendant**

Number of Students desired to fill this position: **4**

Qualification(s) required (may attach additional statement:

**Must be BCCC student**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsibilities of Position:

* **Assist with setup /breakdown of gymnasium for athletic events**
* **Assist with game day activities table setup and bleachers**
* **Ensure staff/students have proper identification and proper attire**
* **Oversee fitness rooms**
* **Assist with maintenance of athletic equipment and apparel**
* **Pick up and deliver mail**
* **Deliver inter-office material to various campus departments**
* **Assist with special event setup & breakdown**
* **Maintain shot clock-game clock and scoreboard**
* **Input game statistics**

Number of hours per week (If unknown indicate that hours will vary). **Note: cannot exceed 20 hours per week:**

**20 Hours per week**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: Dr. **Darryl Pope**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up Name(s): Ms. D**ee Simpson**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Address: **2901 Liberty Heights Avenue**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Baltimore, MD 21215**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Location: **PE Center**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): **410-462-8320**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Addresses: **dsimpson@bccc.edu**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**tmaczko@bccc.edu**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL NOTE: The Employment Authorization Form (EAF) will have the FWS student’s award amount and the number of hours a student should work each week. It is extremely important that the supervisor set the student’s work schedule so that the student will not exhaust his or her award. If the student works more than he or she is awarded, the Federal Aid Office will not pay the student. However, the student will still need to be paid out of your budget. \_\_\_\_\_ (supervisor’s initials).**