

11. Have you ever been convicted of a felony or misdemeanor? \_\_\_\_\_

12. My health is good fair poor? (Circle one) Height \_\_\_\_\_ Weight \_\_\_\_\_

13. Have you had a tetanus shot or booster? \_\_\_\_\_ Date \_\_\_\_\_

14. Indicate whether you have now or have ever had any of the following:

- |                           |  |
|---------------------------|--|
| _____ Asthma              | _____ Hay fever or Sinus Trouble       |
| _____ Diabetes            | _____ Migraine Headaches               |
| _____ Tuberculosis        | _____ Stomach Trouble                  |
| _____ Nervous Disorder    | _____ Heart Trouble                    |
| _____ Psychiatric Counsel | _____ Other Serious Illness/Disability |

15. Do you require any special or unusual services, meals, or attention? \_\_\_\_\_  
If so explain \_\_\_\_\_

16. Have you ever used Alcoholic beverage? \_\_\_\_\_ Tobacco? \_\_\_\_\_ Drugs? \_\_\_\_\_

17. Are you willing to accept and abide by the regulations set down for the staff by the Assembly? \_\_\_\_\_ If no explain: \_\_\_\_\_

18. Are you accustomed to hard work? Explain: \_\_\_\_\_  
If not, are you willing to do hard work and long hours? \_\_\_\_\_

19. Are you willing to work wherever needed? \_\_\_\_\_

20. Are you willing to share the work load of others regardless of where you are assigned? \_\_\_\_\_

21. In case of emergency, whom shall we notify?  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

22. Explain briefly why you want to serve on SMBA staff.

**Attach  
a recent  
photograph**

SIGNED \_\_\_\_\_ Date \_\_\_\_\_

**Notice: If under 18 years of age, please have parents or guardian complete the following:**

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_