

Please indicate the semester(s) for which you wish to be considered for employment by circling the appropriate term:

Spring _____
Summer _____
Fall _____

Please PRINT clearly

TODAY'S DATE: _____

NAME: _____
(Last) (First) (Middle)

Drivers License #: _____ State: _____ Z-ID#: _____ Age: _____

Year in school (circle): Anticipated Grad. date:
FR SO JR SR GRAD (mo.) ____ (yr.) _____

SCHOOL ADDRESS: _____
(street/dorm building) (apt/room #)

(city) (state) (zip)

PHONE: (____) _____ - _____

HOME ADDRESS: _____
(street) (apt. #)

(city) (state) (zip)

PHONE: (____) _____ - _____

Elaborate on your outdoor involvement so we may understand the extent of your outdoor experience:

Explain in detail your greatest strengths as an outdoor leader:

Explain in detail your greatest weaknesses as an outdoor leader:

What specific skills do you wish to acquire from the Outing Centre Trip Leader program?

What do you feel an Outing Centre trip participant should get from his/her outdoor experience?

Skills

Please indicate your level or skill for each of the following:

	<u>Beginner</u>	<u>Novice</u>	<u>Intermediate</u>	<u>Expert</u>
Canoeing				
Kayaking				
Backpacking				
Bicycling				
Caving (spelunking)				
X-Country Skiing				
Swimming				
Rock Climbing				

Certifications

Check the current certifications you maintain:	Expiration date and organization
Cardiopulmonary Resuscitation	
First Aid	
Wilderness First Aid	
Senior Life Saving	
Water Safety Instructor	
River Rescue Certification	
Flat Water Canoeing/Kayaking	
Whitewater Canoeing/Kayaking	
Rock Climbing Training	
Caving Training	
Other	

References

Name	Occupation	Years Acquainted
Address (Street, City, State, Zip)		Telephone Number
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