

Camp High Rocks

LEAP STAFF APPLICATION

Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Gender: M F Do you smoke? Yes or No

School / Business Address _____ Telephone _____

City _____ State _____ Zip _____ E-mail _____

Permanent Address _____ Telephone _____

City _____ State _____ Zip _____

Phone number where you can be reached during the day (if different from above). _____

How did you learn about Camp High Rocks? _____

Dates Available: From _____ To _____

EDUCATION

College	Major	Years Attended	Year in College or Degree
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PAST EMPLOYMENT (previous two summers or years, use additional sheet if necessary)

Dates	Employer	Complete Address	Nature of Work
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CAMP EXPERIENCE

Camp	Camper or Staff?	Director	Address	Dates
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REFERENCES: Please give names and **complete addresses** of 3 persons (not relatives) who have knowledge of your character, experience, and ability.

Name	Street	City	State	Zip	Telephone Number	Relation
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MEDICAL INFORMATION:

Condition of general health. _____ Any special conditions, problems or limitations, including physical or mental impairments which might interfere with your ability to perform the job for which you are applying? _____

Any allergies? _____ Any special dietary needs? _____

Please rate yourself in the following list of activities. If you have no experience in an activity, leave that activity unranked. Rate yourself according to the following scale:

PROGRAM STAFF

- 1- I can lead this activity with proficiency
- 2- I can second this activity with assistance

___ **BACKPACKING**

- ___ hiking
- ___ minimum impact camping
- ___ stoves
- ___ equipment selection & packing
- ___ safety (river crossing, lightning drill, reading terrain, etc.)

___ **ORIENTEERING**

- ___ topographic maps
- ___ longitude & latitude
- ___ compass use (parts of compass, taking bearings)
- ___ map & compass use

___ **CLIMBING**

- ___ rock site management
- ___ belaying
- ___ top rope climbing
- ___ multi-pitch climbing
- ___ lead climbing (trad/sport) level: _____
- ___ rappelling

___ **MOUNTAIN BIKING**

- ___ bike maintenance

___ **CANOEING**

- ___ flatwater canoeing
- ___ whitewater canoeing

___ **ROPES COURSE (High Ropes)**

- ___ static belay
- ___ dynamic belay
- ___ rescue skills (lowering, etc)

___ **GROUP INITIATIVES**

___ **NATURE STUDIES**

- ___ tree ID
- ___ ecology
- ___ astronomy
- ___ natural history

What activities would you prefer to instruct?

1. _____ 2. _____ 3. _____

Do you play a musical instrument? If so, what do you play? _____

Are you available for an interview ? _____ Where ? _____

Guidelines for High Rocks Instructors

Smoking: High Rocks is a smoke free environment. Smoking is not permitted on camp property.

Alcohol and Drugs: Indulgence in alcoholic beverages or illegal drugs is prohibited during the term of employment, except during the time off between programs. Violation of this rule subjects the instructor to the possibility of immediate dismissal and voiding of terms of employment.

Have you ever been convicted of a felony or been accused of or convicted of sexual or physical abuse of a minor? _____
If so, please provide dates and information on a separate sheet.

Please complete the next short answer section. There are no right or wrong answers, so please answer freely to the following question: As an adventure program facilitator/instructor, these are my....

1. Strengths. (As they apply to staff and clients)

2. Weaknesses.

3. Experience(s) in the outdoors that I have learned the most from.

CERTIFICATIONS: (Please, check the certifications you currently hold & include expiration dates where applicable.)

	Expiration Dates:
<input type="checkbox"/> WEMT (Wilderness Emergency Medical Technician)	_____
<input type="checkbox"/> EMT	_____
<input type="checkbox"/> WFR (Wilderness First Responder)	_____
<input type="checkbox"/> WFA (Wilderness First Aid)	_____
<input type="checkbox"/> Basic First Aid	_____
<input type="checkbox"/> CPR	_____
<input type="checkbox"/> Lifeguard	_____
<input type="checkbox"/> WSI (Water Safety Instructor)	_____
<input type="checkbox"/> Rock Rescue	_____
<input type="checkbox"/> Swiftwater Rescue	_____

Others: _____
