

# 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 / Current 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
---------	-------	----------------	---------------------------

---

---

### PAST EMPLOYMENT (previous two summers or years, use additional sheet if necessary)

Dates	Employer	Complete Address	Nature of Work
-------	----------	------------------	----------------

---

---

### CAMP EXPERIENCE

Camp	Camper or Staff?	Director	Address	Dates
------	------------------	----------	---------	-------

---

---

**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	E-mail Address	Relation
------	--------	------	-------	-----	-----------	----------------	----------

---

---

**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 (MSR whisperlites)
- \_\_\_ Equipment selection & packing
- \_\_\_ Safety (river crossing, lightning drill, reading terrain, etc.)

\_\_\_ **ORIENTEERING**

- \_\_\_ Topographic maps
- \_\_\_ Longitude & latitude
- \_\_\_ Compass use (parts of compass, taking bearings)
- \_\_\_ GPS

\_\_\_ **CLIMBING**

- \_\_\_ Rock site management
- \_\_\_ Belaying
- \_\_\_ Top rope climbing
- \_\_\_ Multi-pitch climbing
- \_\_\_ Lead climbing (traditional) 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, forestry
- \_\_\_ 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 is no right or wrong answer, 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:
___ WEMT (Wilderness Emergency Medical Technician)	_____
___ EMT	_____
___ WFR (Wilderness First Responder)	_____
___ WFA (Wilderness First Aid)	_____
___ Basic First Aid	_____
___ CPR	_____
___ Lifeguard	_____
___ WSI (Water Safety Instructor)	_____
___ Rock Rescue	_____
___ Swiftwater Rescue	_____
___ LNT	_____

Others: \_\_\_\_\_  
\_\_\_\_\_

In the space provided, please write a brief biographical sketch, including separate training in the outdoors, and experience in other fields that might have a bearing on the position(s) for which you are applying. Please also include thoughts on why you are interested in working the fall programs. You may use additional sheets if necessary.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**RELEASE INFORMATION AND SIGNATURE**

I, \_\_\_\_\_ give Camp High Rocks and/or its designees permission and authority to conduct a background investigation and reference check into my past and current activities. I understand and consent to an investigation that may include, verification of previous employment, employment references, criminal record and verification of education. I also give Camp High Rocks and/or its designees permission to request a copy of my driving abstract for the purpose of driving camp vehicles.

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Date of Birth \_\_\_\_\_

Provide a complete list of the counties in which you have lived (county, state)

---

I accept the terms given in the above paragraph. I also confirm that all the information given on this application is correct and true. I understand that any of this information may be checked and used for condition of employment with Camp High Rocks.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for applying to Camp High Rocks.

To send us this document, scroll to the top of the form and select "submit by e-mail" and/or "print form."

You may also want to save a copy of this for yourself. If you have any questions, please contact us.