

What outdoors experience do you have (backpacking, wilderness training, climbing, rafting, rope courses, etc.)?

What experience do you have with youth (8 to 18)?

Where have you attended camp before and were you a staff or camper?

What activity would you like to teach (details please) at AC?

REFERENCES (3 REQUIRED)

Name: Relationship: Phone:

Address:

Name: Relationship: Phone:

Address:

Name: Relationship: Phone:

Address:

DISCLAIMERS AND SIGNATURE

CHILD ABUSE & FELONY STATEMENT. If hired, I realize that I must have the employee health examination and criminal records check (including fingerprinting) completed before I can start work. In addition, I have never been convicted of any charge of child abuse or neglect, unlawful sexual offense, or any felony and have never been charged with the commission of any act of child abuse or neglect, or unlawful sexual offense. (Statement required for Colorado licensed camps.) I am aware that I need to prove that I am free of illegal drug use through a pre-employment urine drug screening. All statements become part of any future employee personnel files. I authorize investigation of all statements herein and release the camp and all others from liability. I also understand that untrue, misleading or omitted information herein may result in dismissal, regardless of the time of discovery by the Aspen Camp of the Deaf and Hard of Hearing. Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in section 18.8.503, Colorado Revised Statutes, and upon conviction thereof shall be punished accordingly.

Initials: Date:

ACKNOWLEDGEMENT OF RISK. I recognize that there is a significant risk in Camp activities. Knowing of the inherent risks, dangers, and rigors involved in Camp activities, I certify I am capable of participating in the Camp and all related activities. I understand each participant must assume the risk of physical injury and damages that could result from any of these activities. I release the Camp, its staff and volunteers from all liability for any injury that may occur to person or property during participation in the Camp and all related activities. I understand that these terms shall serve as a release of liability for the Camp and I further agree to all terms and conditions of the release forms I sign.

Initials: Date:

CONFIRMATION OF APPLICATION. I certify that the information I filled out on this application is complete and true to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application may result in my release.

Signature: Date:

