



INDIANA UNIVERSITY

Outdoor Adventures

Leader Application

Personal Information

Name: _____ Date of application: _____

Home Address: _____

School Address: _____

Phone (day) _____ Phone (evening): _____

E-mail Address: _____ Student ID#: _____

Date of Birth: _____ Major _____

Year in School: _____ Projected Date of Graduation: _____

Driver's License #: _____ State Issued: _____ Expires: _____

Professional Certifications

<i>Certification</i>	<i>Certifying Body</i>	<i>Exp./Date of Issue</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Teaching Experience and Participation

Please mark with an "L" for "have lead or taught others" or "P" for "have participated."

- | | |
|--|--|
| <input type="checkbox"/> Backpacking | <input type="checkbox"/> Navigation/Orienteering |
| <input type="checkbox"/> Biking (mountain) | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Biking (touring) | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Canoeing (flatwater) | <input type="checkbox"/> Skiing (cross country) |
| <input type="checkbox"/> Canoeing (whitewater) | <input type="checkbox"/> Skiing (downhill) |
| <input type="checkbox"/> Group Initiatives | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Ice Climbing | <input type="checkbox"/> Snowshoeing |
| <input type="checkbox"/> Kayaking (coastal) | <input type="checkbox"/> Stand Up Paddleboarding |
| <input type="checkbox"/> Kayaking (whitewater) | <input type="checkbox"/> Whitewater Rafting |
| <input type="checkbox"/> Leave No Trace Outdoor Ethics | <input type="checkbox"/> Wilderness Medicine |
| <input type="checkbox"/> Mountaineering | <input type="checkbox"/> Winter Camping |

(over)

Leadership and Work Experience

Please indicate which of the following courses/programs you have completed (if any):

___ SPH-W 305 Intro to Wilderness Leadership ___ Conservation/Outdoor Recreation Education (CORE)

<i>Organization</i>	<i>Position and Duties</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Name: _____

Organization: _____

Address: _____

City, State, and Zip: _____

Phone (day): _____

E-mail Address: _____

Name: _____

Organization: _____

Address: _____

City, State, and Zip: _____

Phone (day): _____

E-mail Address: _____

How did you hear about the leadership positions at IU Outdoor Adventures? _____

Please provide a copy of your RESUME attached to this application.

Return hard copy of **application and resume** to:

Indiana University Outdoor Adventures
Eigenmann Hall
1900 E. Tenth Street
Bloomington, IN 47406

OR

Email **application and resume** to Brian Croft, bjcroft@indiana.edu