



Application for the Junior Guide Program

Applicant Name: _____ DOB: _____

Address: _____

Phone: _____ Email: _____

Guardian Name: _____ Day Phone: _____ Evening Phone: _____

Do you have experience in the following areas:

Mountain biking	Yes___	No___
Climbing	Yes___	No___
Rafting	Yes___	No___
Horses	Yes___	No___
Kayak/Canoe	Yes___	No___

Do you have experience working with non-profit organizations?

Yes___ No___ If yes, please describe:

Do you have experience working with people with physical and/or cognitive disabilities?

Yes___ No___ If yes, please describe:

Why do you want to be a part of the Junior Guide Program?

What do you expect to gain from your experience volunteering with the ASC?

Do you have any limitations that we should know about (e.g. physical, cognitive, other)?

Which session(s) are you available for this summer?

___ June 10 & 11 (Mandatory Training) – June 24 (Final Project Presentation)

___ July 8 & 9 (Mandatory Training) – July 22 (Final Project Presentation)

___ July 26 & 27 (Mandatory Training) – August 11 (Final Project Presentation)

Please list 2 references (other than immediate family) that we may contact:

Name	Phone
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- 1.
- 2.

ASC Safety Expectations of Junior Guides

Safety is the utmost priority for the ASC and we expect our Junior Guides to follow direction from our instructors to ensure their own safety, as well as for our participants' safety.

Technological devices, such as iPods, hand held games, etc. will not be tolerated and should be left at home. Cell phones are permitted for contacting guardians only.

I have read and understand the above expectations.

Applicant Name

Applicant Signature

Date:

Guardian Name

Guardian Signature

Date:

Please include your \$100 program fee with this application or bring it with you on your first day of training

Thank you!