

NOLS Instructor Course

Application Packet

Mountain, River, Sea Kayak and Sailing Instructor Courses

There is a separate application for the Professional Instructor Course (PIC)

We must receive the following in the admission office before we will review your application:

1. The Instructor Course **application form** (pages 3 and 4)
2. \$65 non-refundable **application fee**, attached to your application form. (This fee may be used for two reviews.)
3. Replies to the **Questionnaire** (page 2.)
4. Three **Letters of Recommendation** (pages 7-9.) It is your responsibility to ensure these have been sent to us.
5. A **photocopy** of your Medical and CPR certifications.

When are applications due?

We review applications **only once a year**, with the **Sailing IC** having a different process. **Deadlines are firm and applications, including all forms and certifications, not complete by the stated deadline will receive a lower priority in the review process.**

	<u>Application Deadline</u>	<u>Notification Date</u>
Review for all ICs	January 4, 2010	Early To Mid-February

Sailing IC applications will be reviewed on a rolling basis starting in June. We recommend that you apply by September although later applications are considered.

Scholarships

Scholarship candidates must submit the NOLS IC Scholarship Application (pages 5 and 6) and supporting 1040 form with their applications. Successful candidates will be notified of any scholarship award at the time of their acceptance to an IC.

Medical Training Requirements and Information

- **You must possess current CPR and Wilderness Medicine certification** meeting our minimum standard (see below).
- Both **certifications must expire after August 31** of the year in which you take the IC. If your certifications will expire before then, a letter confirming enrollment and/or attendance in a recertification course is required with your application.
- **If you are not certified** in first aid at our minimum standard, a letter confirming enrollment in such a course, to be completed (and certification received) prior to May 31 of the year in which you take the IC, is required with your application.
- **Our minimum standard:** a **wilderness** medicine certification for at least **72** hours of instruction.
- We **prefer** Wilderness First Responder (WFR) certification or Wilderness Emergency Medical Technician (W-EMT) certification from our Wilderness Medicine Institute.
- **The Wilderness Medicine Institute of NOLS (WMI)** offers courses throughout the Rockies and Western U.S., and in several other countries. If you need to find a wilderness medicine course, please check our schedule at wmi.nols.edu or call WMI at 307-332-7800.
- Urban emergency response or first responder certifications do not meet our requirements, as they do not train you to implement the NOLS Field Treatment Protocols. WMI does provide a Wilderness Upgrade for the Medical Professional course (54 hours), which converts an EMT certification to W-EMT and an Urban First Responder to WFR.
- Contact the NOLS admission office if you have questions. 800-710-6657.



NOLS Instructor Course Application

Questionnaire

The IC Application Review Team's objective is to gain a clear picture of you and your experiences. Please be candid and share yourself with us. The success or failure of your application rests mostly on your ability to put yourself, your skills, and your experience on paper. See the note below regarding attaching a separate resume.

1. What three personal goals do you want to attain through your participation on the NOLS Instructor Course?
2. What will be the easiest aspect of the course for you? The most difficult? What do you most look forward to? If applicable, please share a fear/anxiety you have about the IC with us.
3. Do you want to work for NOLS? How much each year will you be available? Will you be available to work for NOLS after your IC? What specific dates will you be available in the summer?

Please provide detailed information regarding your background in each of the following areas (questions 4 - 10). Some of your answers to these questions will undoubtedly overlap with each other. Feel free to cross reference your answers, e.g. "...my third season at Canyon Adventures (see #5 and resume), I was a member of the staff training team..."

4. **Prior experience as student or trainee in outdoor education:** List any prior outdoor education courses or trips you have participated in as a student, participant, or trainee. Mention the name of the company/program, the year of the course/trip, # of days/weeks involved, etc. Please include a brochure if it will help us understand your experience.
5. **Prior experience as employee working in outdoor education:** List all jobs you've held in the field. Include summer camps, outing programs, guiding, etc. Mention the name of the company/program, the year(s), # of days/weeks worked, responsibilities you held, etc. Please include a brochure if it will help us understand your work.
6. **Personal Expeditions:** (Private trips with friends, not associated with any institution): Please list all backpacking, winter camping, ocean travel, river travel, etc. Include year and length of trips, locations, whether it was on or off trail, your role in leadership, planning and logistics, etc.
7. **Technical Skills/Experience:**
 - **Climbing:** Includes mountaineering, rock climbing, and snow and ice climbing. List some (or all) of the routes you've led or followed, peaks you've climbed, etc. Describe your role (follower, leader, guide) on these climbs. What level (e.g. 5.6, 5.9, WI4, etc) do you comfortably lead traditional rock routes, etc. Have you taught or guided climbing before? If so, please give us details: name of school/guide service, your past training, how much you've taught, etc. If you are applying for the AK IC, you must show substantial glacier experience.
 - **Whitewater River:** Canoeing, kayaking, oar and paddle rafting. Include what class water you comfortably paddle/guide/row in each different water craft, the names of rivers/runs you've floated, number of trips per river/run you've taken, the difficulty of these runs, the distance in miles/number of days per trip, and your role in these trips. If you could put most of this information into a river log format, it would be very helpful.
 - **Sailing:** Types and lengths of boats sailed, duration of trips and your position (skipper/crew.) Explain your navigational experience and experience under power. List any sailing certifications that you possess.
 - **Other skill areas taught at NOLS - sea kayaking, backcountry skiing, horse packing, caving:** As applicable to these skill areas, include details such as: your skill level in the various activities, the # of years/# of trips you've participated, the length of trips in days, the location and difficulty of trips, and your role on trips.
8. **Other Skills/Experience:** List any experience with natural sciences, natural history, human history, hunting, fishing, snorkeling, public policy/wild land management, environmental activism, non-English languages, foreign travel, etc.
9. **Teaching, Leadership and Communication:** List experience teaching and leading groups, teaching one-on-one, working with the public, and any training you've had with group dynamics or communication.
10. **Risk Management and Judgment:** Please tell us some stories - give two or three examples of your experience with hazard evaluation, risk management, and individual and group assessment and management. Please identify if you were in a solo or shared leadership position. We want one of your examples to be from a situation in which you learned a lesson from a mistake you or the group made - if you want to tell us about lessons learned on your worst epic, please do so. We value a candid approach and the ability to learn from situations.

We STRONGLY recommend that you attach a detailed outdoor resume. Though somewhat redundant to the above, a resume will help us to sort out details and clarify some jobs or dates. If applying for the RICU, please include a river log!



NOLS Instructor Course Application

Application Form

Attach \$65 Application Fee

Name: _____
Last First Middle Preferred

Social Security No. _____

Permanent Address

_____ Street (include apt., box, etc.)

_____ City State Zip

Permanent Phone Number (_____) _____ - _____

Fax (_____) _____ - _____

E-Mail address _____

Birthdate: ____ / ____ / ____ Age: ____ Sex (circle one): F M

Valid Drivers License? (Circle One) Yes No

License No. _____

State _____

Class _____

NOLS requires a background check before hiring. We will check driving records, criminal records and sex offender registries. You will be expected to sign a form authorizing us to check those records prior to working your first course.

Have you ever been convicted of a crime/felony? (Circle one) Yes No

If Yes, describe _____

Please indicate ethnic origin. Responding is optional. Please circle the one that best describes you:

Native American or Alaskan Native Hispanic Black or African-American White Asian Native Hawaiian or Pacific Islander
Two or more races Other: _____

Course Registration

Have you applied for a NOLS course before? Yes No Course _____ Date: ____ / ____ / ____
Have you participated in a NOLS course before? Yes No Course _____ Date: ____ / ____ / ____

I am applying for the: (Select all that interest you)

- Mountain Instructor Course
 River Instructor Course
 Sail Instructor Course
 Sea Kayak Course
 Yukon Instructor Course

DATES:

For Office Use Only:

Course: _____
Code: _____
APID#: _____

Medical Training Certification (see requirements on pg 1)

Yes Certification: _____ Provider: _____ Exp. date: _____ Attach a photocopy, we won't review without it.

No When will you be certified? _____ Certification: _____ Provider: _____ You must send a letter verifying your enrollment.

Application Fee, Mailing Address, Fax Number: Applications without the \$65 application fee will not be processed.

Check here if paying application fee by check or money order payable to NOLS. Attach check to this section of the application form. Mail application form and check to NOLS:

Admissions Office
National Outdoor Leadership School
284 Lincoln Street
Lander, WY 82520-3128
(800) 710- 6657
admissions@nols.edu

Check here if paying application fee by credit card.

VISA Master Card

Name: _____

Account number: _____

Expiration Date: _____

Signature: _____

NOLS also accepts applications by fax (307) 332-1220. If faxing, the application fee **must be paid** by credit card.



NOLS Instructor Course Application

Application Form (Continued)

Education and Work History

Current or last school attended: _____ Are you currently enrolled? (circle one) Yes No
Highest level completed, please circle one: H.S. Diploma B.A./B.S. M.A./M.S. Ph.D. Other _____
Current Occupation: _____ Title: _____ Employer: _____
Other Employers in the last three years:
Position: _____ Employer: _____ Dates worked: _____
Position: _____ Employer: _____ Dates worked: _____
Position: _____ Employer: _____ Dates worked: _____

Parent Information: Providing this information is optional.

Mother (Mrs., Ms., Dr.) _____

Address/phone is the same as the student's permanent address.

If not, address: _____
Street

City State Zip

Wk ph.(_____) _____ - _____ Hm ph.(_____) _____ - _____

Occupation _____

Employer _____

Title _____

Father (Mr., Dr.) _____

Address/phone is the same as the student's permanent address.

If not, address: _____
Street

City State Zip

Wk ph.(_____) _____ - _____ Hm ph.(_____) _____ - _____

Occupation _____

Employer _____

Title _____

Person to Notify in Case of Emergency: *All applicants must identify a person to contact in case of emergency.*

Name: _____ Day Phone: _____ Evening Phone: _____

Address/phone is the same as the student's permanent address.

If not, address: _____
Street City State Zip

Relationship to applicant: (Please circle one) Parent Spouse Partner Other Relative Friend Guardian Employer

Application Agreement:

I have read, understand, accept, and agree to abide by the rules, policies and guidelines set forth in the NOLS catalog or the NOLS website <http://www.nols.edu/apply/safety.shtml>. I understand the relationship between me and NOLS will be governed by the laws of the State of Wyoming and any suit, mediation, or arbitration of any dispute with NOLS must be filed exclusively in the State of Wyoming. I understand that I am not accepted on my course until all enrollment forms have been received and approved by the NOLS Admission Office. I give permission for NOLS to use my name, address, and picture in promotional materials and press releases.

Signature of Applicant: _____ Date: _____

For Office Use Only:

Student Name: _____

Course: _____

Code: _____

APID#: _____



NOLS Instructor Course Application

Scholarship Application Form

Name of Applicant: _____ Age: _____

How many people (including yourself) will you be supporting this year? _____

How many of those will be in college at least half-time? _____

1. Determination of Dependent or Independent Status:

(a) Did your parents/guardian provide 50% or more of your support (food, clothing, housing, education, etc.) in the past year?

YES They provided _____% of my support.

NO They provided _____% of my support.

(b) Did your parents/guardians claim you as a dependent on their last income tax return? (circle one)

YES NO

Did you answer YES to either of the above? If so, NOLS considers you a **DEPENDENT**; *please call our office to be sent the parent/guardian financial information page.*

2. Estimate of Need:

Course Tuition (do not include equipment, transportation, optional college credit)		+ \$ _____
Maximum student can provide:		- (_____)
Maximum from other sources:		- (_____)
Parent or Guardian	\$ _____	
Other	\$ _____	
Estimated Need		= \$ _____

3. Applicant's and Spouse's (Partner's) Annual Income:

Did you file a U.S. income tax return last year? YES NO

If yes, please make a copy of your last 1040 form filed and enclose it with your completed application.

Please fill out the following pertaining to the last calendar year.

Annual income earned from work by you		+ \$ _____ .00
Annual income earned from work by your spouse/partner.....		+ \$ _____ .00
Other sources of funds from investments, trusts, gifts etc.....		+ \$ _____ .00
Specify source: _____		
Total Income ...		= \$ _____ .00

4. Applicant's and Spouse's (Partner's) Annual Expenses:

Housing (rent, mortgage)		+ \$ _____ .00
Living expenses (utilities, food, clothing)		+ \$ _____ .00
Medical and dental expenses not paid by insurance		+ \$ _____ .00
Tuition		+ \$ _____ .00
Debt payments:		
Auto	\$ _____	+ \$ _____ .00
Credit cards	\$ _____	+ \$ _____ .00
Loans	\$ _____	+ \$ _____ .00
Other (child care, entertainment, etc.)	\$ _____	+ \$ _____ .00
Specify: _____	\$ _____	+ \$ _____ .00
Total Expenses:		\$ _____ .00



5. Applicant's and Spouse's (Partner's) Assets and Liabilities:

	Its worth today:	What is owed on it:
Cash, CD's, savings, checking accounts	\$ _____ .00	
Stocks, investments, funds, etc.....	\$ _____ .00	
Vehicle(s) (Make _____ and year _____)...	\$ _____ .00	\$ _____ .00
Cash Value Life Insurance.....	\$ _____ .00	\$ _____ .00
Home.....	\$ _____ .00	\$ _____ .00
Other Real Estate.....	\$ _____ .00	\$ _____ .00
Other: _____	\$ _____ .00	\$ _____ .00
Total:	\$ _____ .00	\$ _____ .00

Credit Cards:

Card Name	Credit Limit	Credit Available
1. _____		
2. _____		

6. During the past year, have you been enrolled at a college, university or private school?

- YES
 NO

If yes, provide details of any financial aid you may have received.

Did not receive financial aid.

Cost for one year at your school (Tuition, Fees, Room and Board) \$ _____

	Yearly Amount		Yearly Amount
Merit Scholarship	\$ _____	State Grant	\$ _____
College Grant	\$ _____	Stafford GSL	\$ _____
Pell Grant	\$ _____	College Sponsored SEOG Grant	\$ _____
Other Loan	\$ _____	Perkins/NDSL Loan	\$ _____

7. Use an Additional Sheet of Paper to:

- A.) Outline your plan for meeting the expenses of your NOLS course. What expenses do you anticipate and how do you plan to meet them? What additional sources of financial assistance have you explored?
 B.) Explain any unusual expenses, additional sources or decreases in income, travel expenses, and special or changing circumstances. If you have reported expenses, which exceed your income, please explain.

I understand that NOLS will be relying on the information provided above in deciding to grant me a scholarship. All the information provided by me is true and complete to the best of my knowledge.

Applicant's Signature: _____ Today's Date: _____

Please attach a copy of your most recent 1040 to this application.



NOLS Instructor Course Application

Letter of Recommendation Form

The National Outdoor Leadership School (NOLS) is a nonprofit private school whose mission is to be the best source and teacher of wilderness skills and leadership that protect the user and the environment. Each year we select candidates from a large group of applicants to attend our instructor courses. We are looking for individuals who have excellent wilderness and communication skills as well as teaching and leadership experience.

(Feel free to write or type on this form, extend your comments onto the back of this form, or send a separate document.)

Confidentiality: The information provided will not be made available to the applicant unless you specifically authorize us to do so in writing.

Name of Applicant

Date

1. What is your relationship to this person?
2. On a scale of 1 to 10, how would you rank the candidate's overall performance?
3. What are the candidate's greatest strengths? Areas for improvement?
4. How would you describe the candidate's work relationships with other managers, peers or supervisees?
5. Please comment on the candidate's attendance, dependability and work ethic.
6. How does the candidate respond to stressful situations?

If you have employed the candidate in the field of outdoor recreation please answer the following questions.

1. Please comment on this person's outdoor, risk management, teaching, and leadership skills. What populations has this person worked with?
2. Is the candidate eligible for rehire? YES NO

If there are any other qualities about this person or areas for growth that you feel we should know of, please comment.

Your Name _____

Signature _____

Address _____

Phone Number (Day) _____ (Evening) _____

Occupation _____

Employer _____

Please send your letter of recommendation under separate cover to:

Instructor Course
National Outdoor Leadership School
284 Lincoln St.
Lander, WY 82520

Phone: 800-710-6657
Fax: 307-332-1220
E-mail: admissions@nols.edu



NOLS Instructor Course Application

Letter of Recommendation Form

The National Outdoor Leadership School (NOLS) is a nonprofit private school whose mission is to be the best source and teacher of wilderness skills and leadership that protect the user and the environment. Each year we select candidates from a large group of applicants to attend our instructor courses. We are looking for individuals who have excellent wilderness and communication skills as well as teaching and leadership experience.

(Feel free to write or type on this form, extend your comments onto the back of this form, or send a separate document.)

Confidentiality: The information provided will not be made available to the applicant unless you specifically authorize us to do so in writing.

Name of Applicant

Date

1. What is your relationship to this person?
2. On a scale of 1 to 10, how would you rank the candidate's overall performance?
3. What are the candidate's greatest strengths? Areas for improvement?
4. How would you describe the candidate's work relationships with other managers, peers or supervisors?
5. Please comment on the candidate's attendance, dependability and work ethic.
6. How does the candidate respond to stressful situations?

If you have employed the candidate in the field of outdoor recreation please answer the following questions.

1. Please comment on this person's outdoor, risk management, teaching, and leadership skills. What populations has this person worked with?
2. Is the candidate eligible for rehire? YES NO

If there are any other qualities about this person or areas for growth that you feel we should know of, please comment.

Your Name

Signature

Address

Phone Number (Day) (Evening)

Occupation

Employer

Please send your letter of recommendation under separate cover to:

Instructor Course
National Outdoor Leadership School
284 Lincoln St.
Lander, WY 82520

Phone: 800-710-6657
Fax: 307-332-1220
E-mail: admissions@nols.edu



NOLS Instructor Course Application

Letter of Recommendation Form

The National Outdoor Leadership School (NOLS) is a nonprofit private school whose mission is to be the best source and teacher of wilderness skills and leadership that protect the user and the environment. Each year we select candidates from a large group of applicants to attend our instructor courses. We are looking for individuals who have excellent wilderness and communication skills as well as teaching and leadership experience.

(Feel free to write or type on this form, extend your comments onto the back of this form, or send a separate document.)

Confidentiality: The information provided will not be made available to the applicant unless you specifically authorize us to do so in writing.

Name of Applicant

Date

1. What is your relationship to this person?
2. On a scale of 1 to 10, how would you rank the candidate's overall performance?
3. What are the candidate's greatest strengths? Areas for improvement?
4. How would you describe the candidate's work relationships with other managers, peers or supervisors?
5. Please comment on the candidate's attendance, dependability and work ethic.
6. How does the candidate respond to stressful situations?

If you have employed the candidate in the field of outdoor recreation please answer the following questions.

3. Please comment on this person's outdoor, risk management, teaching, and leadership skills. What populations has this person worked with?
4. Is the candidate eligible for rehire? YES NO

If there are any other qualities about this person or areas for growth that you feel we should know of, please comment.

Your Name

Signature

Address

Phone Number (Day) (Evening)

Occupation

Employer

Please send your letter of recommendation under separate cover to:

Instructor Course
National Outdoor Leadership School
284 Lincoln St.
Lander, WY 82520

Phone: 800-710-6657
Fax: 307-332-1220
E-mail: admissions@nols.edu

