

New Zealand Instructor Course Application Packet

There are separate applications for other types of NOLS instructor courses.

We must receive the following at NOLS New Zealand before we will review your application:

1. The Instructor Course **application** form (pages 3 and 4.)
2. Replies to the **Questionnaire** (page 2.)
3. Three **Letters of Recommendation** (pages 5-9.) It is your responsibility to ensure these have been sent to us.
4. A **photocopy** of your First Aid and CPR certifications.
5. A certified copy of a passport, birth certificate proving NZ or Australian citizenship or proof of permanent resident status in NZ or Australia (*signed by a JP, Solicitor or local police*)

Applications, including letters of recommendation, are due June 30, 2011

All applications and supporting documentation must be submitted by email (in .pdf/.doc/.jpg format) to admissions_nz@nols.edu. Please reference your *full name* and *NZIC Application* in the subject line.

We will notify applicants if they have a place on the course by July 31, 2011

Scholarships

NOLS does have a pool of money it uses to assist applicants with the cost of Instructors courses. Scholarship support for this instructor course is already built into the tuition amount however, to encourage local New Zealanders and Australians to take part. Unlike other IC's the New Zealand Instructors Course (NIC) is heavily subsidized. The actual tuition cost of this IC is NZ\$2600/AUD\$2200 but the cost to successful applicants will be NZ\$900/AUD\$700.

Medical/First Aid Training Requirements and Information

- **You must possess current CPR and Wilderness training to our minimum standard to work as a NOLS Instructor**
- **Our minimum standard:** a current **wilderness** medicine or remote first aid certification that has at least **72** hours of instruction in addition to at least a basic adult CPR certificate with 4 hours of instruction.
- **If you are not certified** in first aid at our minimum standard please send us what certifications you do have. As most outdoor educators in NZ or Australia do not hold Wilderness First Responder (WFR) or equivalent, we will accept applicants who hold at least 16 hours of advanced or outdoor first aid within the last two years in addition to current CPR. ***In this case you must take the Wilderness First Responder course that runs immediately before the instructors course or take an equivalent course before the NIC.***
- The New Zealand **Pre-hospital Emergency Care** (PHEC) or **Outdoor First Aid** (NZQA Unit 424) qualification, and the Australian **Leaders Wilderness Advanced First Aid** (LWAFSA) do not meet the NOLS requirements as they do not give you sufficient training to implement the NOLS field and drug protocols. This is also the case with basic urban ambulance certification or Emergency Medical Technician (EMT) qualifications.
- Contact the NOLS New Zealand office if you have questions at admissions_nz@nols.edu.



NOLS Instructor Course 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.

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?

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.: "... I gained additional leadership experience on the trip in Kahurangi NP in '98 (mentioned in #6)..." - or - "...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 Expeditioning** (Private trips with friends, not associated with any institution or outdoor programme): Please list all backpacking, snow 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. 14, 18, MC Alpine 3+, WI4, etc) do you comfortably lead traditional rock routes, etc. Please make a distinction between what you can climb on bolts vs. what you can climb on natural pro ("traditional" or "trad") Please use accepted NZ, Aus or US grading systems and identify which system you are using). 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.
 - **Whitewater River:** Canadian 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 kilometres/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.
 - **Outdoor Industry Qualifications:** Please list any outdoor industry certifications you may have and their level (e.g. NZOIA/MSC Bush 1, ORCA Whitewater and Canoe Level 1, etc)
 - **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/wildland 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:** 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.

Please attach a detailed outdoor resume and an instructional log. Though somewhat redundant to the above, these will help us sort out details and clarify some jobs or dates.



NOLS Instructor Course Application

Name: _____
Last First Middle Preferred

US Social Security No. (*only if you have one:* _____)

Permanent Address

Temporary Address

 Street (include apt., box, etc.)

 Street (include apt., box, etc.)

 City/State/Postcode/Country

 City/State/Postcode/Country

Permanent Phone Number (_____) _____ - _____

Temporary Phone Number (_____) _____ - _____

Fax (_____) _____ - _____

E-Mail address _____

Address good from: _____ / _____ / _____ to _____ / _____ / _____

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

Height _____ Weight _____ Citizenship _____

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 Hispanic African-American Caucasian Asian Pacific Islander Other: _____

Course Registration		
Have you applied for a NOLS course before? Yes <input type="checkbox"/> No <input type="checkbox"/> Course _____		Date: _____ / _____ / _____
Have you participated in a NOLS course before? Yes <input type="checkbox"/> No <input type="checkbox"/> Course _____		Date: _____ / _____ / _____
NZ Instructors Course	For Office Use Only:	
	Course: _____	
	Code: _____	
	APID#: _____	

Medical Training Certification (tick the box that applies see requirements on pg 1)

I have WFR Certification: Provider: _____ Exp. date: _____ *Attach a photocopy, we won't review without it.*

I have no WFR certification I will be attending the WFR course prior to the NZ Instructors course

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.Sc. M.A./M.Sc. 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 that I am not accepted on my course until all enrollment forms have been received and approved by NOLS. 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 Letter of Recommendation Form

The National Outdoor Leadership School (NOLS) is a nonprofit private school whose mission is to be the leading 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:

E-mail: admissions_nz@nols.edu





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