

NOLS Professional Training Application
Archer Middle School Wilderness Expedition April 22-27, 2012

Applicant's Personal Information

Name: _____
Last First Middle Preferred First

Permanent Address: Street (include apt, box, etc.): _____

City State Zip

Home Tel: _____ Mobile Tel: _____ E-mail: _____

Birth Date: ____/____/____ Sex: F M Height: _____ Weight: _____
Month Day Year

Have you applied for a NOLS / WMI / LNT course before? Please give course and date: _____

Have you participated in a NOLS / WMI / LNT course before? Please give course and date: _____

Responding to ethnic origin is optional. Please check the box that best describes you:

American Indian or Alaskan Native Asian or Pacific Islander Black, not of Hispanic origin Hispanic or Latino
 White, not of Hispanic origin Multiracial Other Citizen of _____

Education and Work History

Current or last school attended: _____ Are you currently enrolled: Yes No

Highest Level completed (check one): HS Diploma BA/BS MA/MS Ph.D. Other

Occupation: _____ Title: _____ Employer: _____

Parent / Guardian Information (required for applicants 25 or younger):

Mother (Mrs, Ms, Dr,) _____ Father (Mr, Dr,): _____

Address is the same as student's permanent address Address is the same as student's permanent address

If not: _____ If not: _____

Tel: Home (____) _____ Mobile (____) _____ Tel: Home (____) _____ Mobile (____) _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Title: _____ Title: _____

Email: _____ Email: _____

Person to notify in case of emergency (required for all applicants):

Name: _____ Tel: Home (____) _____ Mobile (____) _____

Address: _____
Street City State Zip

Relationship to applicant: parent/guardian friend employer partner other relative

Enrollment forms and schedule for the 2012 Archer Middle School Wilderness Expedition can be found at
http://www.nols.edu/nolspro/custom_courses/archer.shtml

Enrollment Deadlines

Friday, February 10, 2012 – NOLS registration form, student agreement, insurance form, gear request sheet and health form



NOLS Professional Training
284 Lincoln Street, Lander, WY 82520
(800) 710-6657 ext. 3

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Enrollment materials can be returned directly to NOLS in any of the following ways:

- Fax to 307-332-8811 (Attn: NOLS Professional Training)
- Scan and email to archer@nols.edu
- Mail to NOLS Professional Training, 284 Lincoln Street, Lander, WY 82520

Final acceptance is contingent upon receipt and approval of the materials listed above, as well as full tuition balance. NOLS seeks students who are motivated to learn outdoor skills and develop leadership, are in good health, physically and emotionally, and are socially responsible. NOLS is not an appropriate choice for individuals dealing with behavioral, motivational or rehabilitations issues. We will deny admission to anyone we believe to be unable to meet the physical, mental, social or safety demands of our courses.

Student Behavior and Discipline

NOLS will expel any student who exhibits behavior that is unsafe or disrupts or distracts from the educational mission of a course. Harassment, use of drugs and alcohol, theft or misuse of property, low motivation and disregarding instructions are examples of behavior that will lead to expulsion. If a student is expelled, there will be no refund.

Equal Opportunity

NOLS does not discriminate on the basis of race, color, religion, creed, sexual orientation, national origin, age or disability in the administration of its admission or employment policies.

I have read, understand, accept and agree to abide by the rules, policies and guidelines set forth in the NOLS information. I understand the relationship between NOLS and me will be governed by the substantive 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 NOLS. I give NOLS permission to share my contact information with other NOLS students or graduates and/or with environmental organizations or strategic partners in which NOLS graduates may be interested. I give NOLS permission to use my name, contact information and picture in promotional materials.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian is also required to reflect agreement, if applicant is under 18 years of age:

Date: _____

