

NOLS Professional Training Application

Fort Washakie Wilderness Expedition

August 23rd – September 1st, 2010

Applicant's Personal Information:

Name: _____
last first middle preferred Social Security No

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

City: _____
City State Zip

Permanent Phone Number: _____ E-mail address: _____

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

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

Have you participated in a NOLS PRO/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 or Guardian Information (required for students age 25 or younger):

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

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

If not: _____ If not: _____

Phone: Day (___) _____ Eve. (___) _____ Phone: Day (___) _____ Eve. (___) _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Title: _____ Title: _____

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

Name: _____ Phone: Day (___) _____ Eve. (___) _____

Address: _____
Street City State Zip

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



Admission Policies

An enrollment packet containing a course description, equipment list, travel information (if applicable), and other materials to help you prepare for your course will be forwarded to you. You must return the following information from the enrollment packet: application; student agreement and release form; health form; insurance form. **All forms are due July 2nd, 2010 to Shad Hamilton, Fort Washakie Charter High School Principal.**

Final acceptance is contingent upon receipt and approval of the materials listed above. 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.

NOLS Cancellation Policies

Fort Washakie High School will be required to reimburse NOLS for the expenses incurred in evacuating them from the course.

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 me and NOLS 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 the 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 also 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:** _____

