Colorado School of Mines
Outdoor Recreation Center
Climbing Wall Staff Application

**** Please Complete Legibly ****

Name ____________________________ Date __________________

Campus Address __________________________ Res. Phone ____________

__________________________ Cell Phone ____________

E-mail Address __________________________ CWID ____________

Academic Major __________________________ Class Rank: Fr. So. Jr. Sr. Gr. Exp. Grad. Date ____________

Are you certified in: First Aid: Yes___ No___ Expiration Date: ____________

CPR: Yes___ No___ Expiration Date: ____________

****Please turn in a copy of all current certifications with the completed application****

Do you qualify for work-study? Yes___ No___ How much per semester? ____________

Outdoor Leadership Interests and Qualifications

Please indicate the climbing skills/classes you are qualified and comfortable teaching. Use the following numbers to indicate the capacity you feel you are qualified.

1= Highly Qualified 2= Qualified 3= Little Experience 4= No Experience

Route Setting __________ Lead Climbing __________

Fixed Line Ascension __________ Lead Belaying __________

Rappelling __________ Anchor Building __________

Top Rope Climbing __________ Bouldering/Spotting __________

Top Rope Belaying __________ Climbing Movement __________

Traditional Climbing __________ Climbing Rescue (Escaping a belay etc.) __________

Sport Climbing __________ Rigging for Rescue __________

Other __________________________

Are you interested in being a climbing wall route setter? ____________

Previous Climbing Experience

Please re-type, and attach your answers to the following questions on another sheet. Thank you.

1. Please list and describe ALL climbing experience:
2. Please describe ALL relevant outdoor experiences:
3. At what grade do you top rope climb, lead sport, lead trad., and boulder?
4. Approximately how many days a year do you rock climb? Ice Climb?
5. What do you see as your strengths and weaknesses related to the climbing wall staff position?
6. Please describe your organizational and planning skills/experiences.
7. What experience do you have with risk management?
8. What experience do you have teaching groups?
9. Please describe any relevant leadership experiences (not necessarily outdoor leadership)?

10. Please list all certifications/training in which you have participated and the dates when you participated/expiration dates.

11. What do you hope to achieve by becoming a Climbing Wall Staff Member with the Outdoor Recreation Center?

12. Please list any other information that we should know about you that might be helpful for us to know when considering you for this position.

References

List an individual who has knowledge of your outdoor experience who will serve as a reference for you:

Name: ________________________________________________ Phone (______)_______

Relationship to you: ______________________________________ E-mail __________________

When you complete this application, please return it to Outdoor Recreation Center. If you have questions, please contact Nate Bondi at 303-273-3537 or email nbondi@mines.edu