Colorado School of Mines  
Outdoor Recreation Center  
Route Setter Staff Application

**** Please Complete Legibly ****

Name __________________________________________________________ Date ____________________

Campus Address________________________________________________ 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 _________

Use of Auto Belay Devices _________ 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 _________

Previous Climbing & Setting 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 route setting experiences:

3. At what grade do you top rope, lead, and boulder?

4. Approximately how many days a year do you rock climb?

5. What do you see as your strengths and weaknesses related to the climbing wall route setting position?

6. Please describe any relevant leadership experiences (not necessarily route setting leadership):

7. Please list any route setting clinics or training(s) you have attended:

8. What do you hope to achieve by becoming a Climbing Wall Route Setter with the Outdoor Recreation Center?

9. 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.
Our current Route Setting hours are listed below.

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<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tr>
<td>6:00-8:00am</td>
<td>3:00-5:30pm</td>
<td>3:00-5:30pm</td>
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<td>3:00-5:30pm</td>
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Please list your availability during these times below. If you can only make part of the shift, then specify the time slot that you are available for.

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***Note that these are the anticipated shift times, but do have the possibility of slightly changing***

References

List an individual who has knowledge of your route setting 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