

# 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](mailto:nbondi@mines.edu)**