

# TRAILBLAZER PROGRAM APPLICATION

Return to:

**Adventure Experiences, Inc.**

#2 Illinois Creek

Almont, CO 81210

(970) 641-4708

Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

S.S. #: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

email address \_\_\_\_\_ Current Grade: Frosh Soph Jr Sr Other

Do you have any physical limitations or challenges? Yes No Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List clubs, activities, sports and hobbies you participate in: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Camp or Service Experience:

Dates

Camp/Organization

Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History:

Dates

Employer

Work Performed

Supervisor

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Personal Information:

Why do you want to serve in the Trailblazer Program?

Describe yourself

What personal strengths would you bring to Adventure Experiences?

What personal qualities do you have that might prove a challenge in serving at the Base Camp?

All staff are expected to demonstrate and uphold Christian morals and values. What does this mean to you?

Have you ever been convicted of any crime, including sex related or child related offenses?  Yes  No

**References:** Three, may include pastor, teacher, coach, employer or friend

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
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**Summer Terms:** are approximately four weeks long.

Dates available in the summer: From \_\_\_\_\_ to \_\_\_\_\_

Any applicant who knowingly or willfully makes a false statement of any material fact or thing in the application is guilty of perjury in the second degree as defined in Section 18-8-503, C.R.S., and, upon conviction thereof, shall be punished accordingly. By submission of your signed application, your agreement to the following is assumed:

**Applicant's Statement:**

I authorize investigation of all statements contained in the application and in the event of acceptance, I understand that false, misleading or omitted information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of Adventure Experiences, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_