

IU OUTDOOR ADVENTURES

Leader Application

Personal Information

Name: _____ Date: _____

Home Address: _____

School Address: _____

Phone (day) _____ Phone (evening): _____

E-mail Address: _____ Student ID#: _____

Date of Birth: _____ Major _____

Year in School: _____ Projected Date of Graduation: _____

Driver's License #: _____ State Issued: _____ Expires: _____

Certifications

Certification	Certifying Body	Exp./Date of Issue
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Leadership and Participation

Please mark with an "L" for leadership ability or "P" for participation interest.

- | | | |
|---------------------------|---------------------------|----------------------------|
| ___ Backpacking | ___ Hiking | ___ Rock Climbing |
| ___ Biking (mountain) | ___ Ice Climbing | ___ Sailing |
| ___ Biking (touring) | ___ Kayaking (coastal) | ___ Search and Rescue |
| ___ Birding | ___ Kayaking (whitewater) | ___ Skiing (cross country) |
| ___ Canoeing (flatwater) | ___ Mountaineering | ___ Skiing (downhill) |
| ___ Canoeing (whitewater) | ___ Nature Photography | ___ Skydiving |
| ___ Group Initiatives | ___ Orienteering | ___ Whitewater Rafting |

Previous Leadership Experience and Teaching Experience

Organization	Position and Duties	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

References

Name: _____

Name: _____

Organization: _____

Organization: _____

Address: _____

Address: _____

City, State, and Zip: _____

City, State, and Zip: _____

Phone (day): _____

Phone (day): _____

E-mail Address: _____

E-mail Address: _____

How did you hear about the leadership positions at IU Outdoor Adventures? _____

Please provide a copy of your RESUME attached to this application.

Return **application and resume** to the:
Indiana University Outdoor Adventures
Indiana Memorial Union
IUOA M086
900 E. Seventh Street
Bloomington, IN 47405