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# WINTER ADAPTIVE INTERNSHIP APPLICATION

## General Information

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

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_' \_\_\_\_" Weight: \_\_\_\_ lbs Age: \_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Education Information and Related Experience

GRADUATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_

UNDERGRADUATE: \_\_\_\_\_ DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_ DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_

## Employment Information

PLEASE LIST YOUR THREE MOST RECENT JOB POSITIONS OR THOSE MOST RELEVANT TO THIS APPLICATION.

1. Employer: \_\_\_\_\_

Position Title & Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes  
No

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Employer: \_\_\_\_\_

Position Title & Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes  
No

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Employer: \_\_\_\_\_

Position Title & Duties: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact? Yes  
No

Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLEASE PROVIDE THREE PERSONAL REFERENCES, AND THREE LETTERS OF RECOMMENDATION:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Certification Information

Certifications: (**\*BASIC CPR/FIRST AID IS REQUIRED**) PLEASE INCLUDE A COPY OF YOUR CERTIFICATION CARD(S). (IF YOU AREN'T CERTIFIED YOU WILL NEED TO BE PRIOR TO STARTING THIS JOB)

_____ CPR*	Exp. Date: _____	Other: _____
_____ First Aid*	Exp. Date: _____	Other: _____
_____ WFR	Exp. Date: _____	Other: _____
_____ EMT	Exp. Date: _____	Other: _____
_____ Lifeguard	Exp. Date: _____	Other: _____
_____ PSIA	Exp. Date: _____	Other: _____

## Driver's License Information

ALL APPLICANTS MUST HOLD A VALID DRIVER'S LICENSE AND A CLEAN DRIVING RECORD.

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO

HAVE YOU EVER BEEN CITED FOR DRIVING UNDER THE INFLUENCE OF DRUGS OR ALCOHOL? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF SO, PLEASE EXPLAIN. \_\_\_\_\_

## Health Information

TYPE OF DISABILITY (IF ANY): \_\_\_\_\_

\_\_\_\_\_

PREVIOUS INJURIES (PLEASE EXPLAIN): \_\_\_\_\_

\_\_\_\_\_

CURRENT HEALTH CONCERNS: \_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

I CONFIRM THAT MY GENERAL HEALTH IS GOOD AND THAT I AM CAPABLE OF PERFORMING BASIC PHYSICAL ACTIVITIES AS REQUIRED BY THIS POSITION (IE., LIFTING UP TO 50 LBS., RECREATIONAL EXERCISE, ASSISTING WITH PARTICIPANT WHEELCHAIR TRANSFERS, ETC).

Applicant Signature: \_\_\_\_\_

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

## Recreational Information

### WINTER INTERNS

WINTER INTERNS MUST ARRIVE AS PROFICIENT ALPINE SKIERS, COMFORTABLE ON INTERMEDIATE TO EXPERT TERRAIN IN VARYING CONDITIONS. WHILE WE DO OFFER ADAPTIVE SNOWBOARD INSTRUCTION, INTERN APPLICANTS MUST EXCEL PRIMARILY ON ALPINE SKIS. SNOWBOARDERS AND TELEMAR SKIERS ALSO SKILLED ON ALPINE SKIS ARE WELCOME TO APPLY.

_____ <b>Beginner</b>	NEVER EVER ON SKIS TO LINKING TURNS ON BEGINNERS' TERRAIN. (GREEN)
_____ <b>Intermediate</b>	COMFORTABLE MAKING PARALLEL TURNS ON INTERMEDIATE TERRAIN IN VARYING CONDITIONS. (BLUE)
_____ <b>Advanced</b>	COMFORTABLE MAKING PARALLEL TURNS ON ADVANCED TERRAIN IN VARYING CONDITIONS. (BLACK DIAMOND)
_____ <b>Expert</b>	COMFORTABLE MAKING PARALLEL TURNS ON EXPERT TERRAIN IN VARYING CONDITIONS. (DOUBLE BLACK DIAMOND)

COMMENTS ON WINTER SKIING/MOUNTAIN ABILITY:

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WINTER RECREATIONAL ABILITIES:

\_\_\_\_\_ CROSS COUNTRY SKIING      \_\_\_\_\_ ICE SKATING      OTHER: \_\_\_\_\_  
\_\_\_\_\_ SNOWMOBILING      \_\_\_\_\_ SNOWSHOEING      \_\_\_\_\_

## Additional Related Information

PLEASE RESPOND TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER.

- DESCRIBE YOUR PERSONALITY.
- PLEASE DESCRIBE IN DETAIL ANY EXPERIENCES YOU HAVE HAD WITH PEOPLE WITH DISABILITIES THAT MAY SERVE YOU IN THIS POSITION.
- WHAT STRATEGIES DO YOU USE TO COPE WITH STRESSFUL SITUATIONS SUCH AS FRUSTRATING TASKS AND DIFFICULT CUSTOMERS?
- WHAT STRATEGIES DO YOU USE TO MAINTAIN HIGH LEVELS OF PROFESSIONALISM WHEN YOU FEEL OVER-WORKED AND TIRED?
- DESCRIBE THE ANTICIPATED STRENGTHS YOU BRING TO THIS POSITION.
- DESCRIBE ANY WEAKNESSES YOU MAY HAVE IN THIS POSITION.
- DESCRIBE YOUR PROFESSIONAL EXPERIENCE OR CAREER ASPIRATIONS AND HOW IT PERTAINS TO THIS POSITION.
- DESCRIBE WHY YOU SHOULD BE SELECTED FOR THIS INTERNSHIP OVER OTHER APPLICANTS AS QUALIFIED AS YOU.

WINTER INTERNSHIP:

**NOVEMBER 16, 2009 - APRIL 23, 2010**

- FOR MORE INFORMATION ON CHALLENGE ASPEN, PLEASE VISIT OUR WEBSITE AT [WWW.CHALLENGEASPEN.ORG](http://WWW.CHALLENGEASPEN.ORG). •