



Brett Coleman • Director of REC Programs • brett@challengeaspen.com  
970.923.0578 x 212 • 970.923.7338 (fax) • PO Box 6639, Snowmass Village, CO 81615  
**\*\*DEADLINE FOR SUMMER INTERNSHIP APPLICATIONS IS FEBRUARY 1, 2012\*\***

# SUMMER 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.

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 LIST THREE PERSONAL REFERENCES, AND INCLUDE A LETTER OF RECOMMENDATION FROM EACH PERSON LISTED:

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).

_____ 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

### SUMMER INTERNS

Summer interns are primarily lead instructors for programs designed for local participants, including a variety of recreational and cultural activities. Interns will also assist the summer coordinator during camps and private groups, including Art Camp, Outdoor Adventure Camp, Teens Camp and Music & Dance Camp.

Summer Recreational Abilities:

White Water Paddling \_\_\_\_\_ Mountain Biking \_\_\_\_\_ Arts & Crafts \_\_\_\_\_  
Road Cycling \_\_\_\_\_ Rock Climbing \_\_\_\_\_ Other \_\_\_\_\_

Any Comments on Summer Recreation Ability:

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## Additional Related Information

**\*\*PLEASE RESPOND TO THE FOLLOWING QUESTIONS ON A SEPARATE SHEET OF PAPER IN ADDITION TO AN UPDATED COPY OF YOUR RESUME.\*\***

- DESCRIBE YOUR PERSONALITY.
- 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.
- A SIGNIFICANT COMPONENT OF THE INTERNSHIP INCLUDES ASSISTING IN THE ADMINISTRATIVE OFFICE IN VARIOUS DEPARTMENTS. PLEASE DESCRIBE IN DETAIL ANY OFFICE/ADMINISTRATIVE EXPERIENCES YOU HAVE HAD THAT MAY SERVE YOU IN THIS POSITION.

### SUMMER INTERNSHIP:

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