

ADVENTURE GUIDE SUPPLEMENTAL APPLICATION

Please complete one form for each guide

1. GENERAL INFORMATION

Your position is: Head Guide Ass't Guide Apprentice

Your Name and Address: _____

Telephone Number: _____ Fax Number: _____

2. EXPERIENCE & CERTIFICATION

Years operating as Head/Ass't/Apprentice Guide: _____

Number of trips operating as Head/Ass't/Apprentice Guide: _____

Experience as a Guide:

Is this a full time occupation? Yes No

Please indicate number of hours worked per **year**: _____

Please indicate your level of first aid: _____

What are your certifications that qualify you to be a guide:

Does your certifying body require you to continue your education to maintain your certification? Describe:

If not, do you pursue continuing education on your own? Describe:

Signature

Date