



For Office Use Only

Date Received

EXPERIENTIAL PROGRAM COUNSELOR APPLICATION

Please Note: Because of the special nature of our programs, it is necessary for The Buddy Program, Inc. to conduct a thorough screening of counselor applicants. We sincerely appreciate your willingness to comply with these requirements.

Name: <i>(First, Last)</i>	Date: <i>(mm/dd/yy)</i>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: <i>(mm/dd/yy)</i>
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Physical Address: <i>(Street, Apt/Unit #)</i>	City, State:	Zip Code:
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Mailing Address:	City, State:	Zip Code:
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Phone Numbers		Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide your license number and state where issued:</i>
Home:	Cell:	
Work :	Fax:	Exp. Date:

Email Address:	Do you have your own transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number:	Are you covered by liability insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, company/ policy number:

Please rate your level of experience in the following areas:
(1=No Experience; 5=Extensive Experience)

	1	2	3	4	5
Working with Teens					
Wilderness/Backcountry Survival					
Medical/ First Aid					
Leadership Training					

Work Experience

Present Employer:

Phone Number:

Occupation:

How long have you lived in the Roaring Fork Valley?

How did you learn about the program?

What attracted you to the program?

What do you hope to get out of this experience?

Have you ever been arrested or convicted of any offense other than a traffic violation? Yes No If yes, please explain:

Have you ever been questioned by law enforcement or child welfare personnel about child abuse or neglect? Yes No If yes, please explain:

Please list interests, hobbies, and activities that you pursue:

What attitudes and beliefs are of special importance to you?

Phone References: List 3 personal references we may contact (include name and phone number). Phone references can be previous employers, volunteer organizations, no more than one (1) family member, previous or current coworkers.

1.

2.

3.

Person we may contact in an emergency:

Relationship:

Home Phone:

Cell Phone:

"I understand that The Buddy Program, Inc. will contact the above references and any other person deemed necessary. I agree to an annual Central Registry check, CBI check, and a National Background Screening, as well as a Motor Vehicle check. I will provide The Buddy Program, Inc.: a copy of my Driver's License, proof of automobile insurance and three letters of reference. I understand that misrepresentation of personal information or history could result in termination or non-acceptance in The Buddy Program, Inc. I have not been convicted, within the past ten years, of any felony or misdemeanor classified as an offense against a person, a child, or family, of public indecency, or a violation involving a state of federally controlled substance. I am not under current indictment. The Buddy Program, Inc. staff accepts or declines applicants based on the information gathered and for reasons of confidentiality will not share this information or reasons of denial with any applicant."

Signature:

Print Name:

Date (mm/dd/yy):

Please submit an updated copy of your résumé