

CO/HEAD LEADER APPLICATION



FULL NAME: _____

POSITION YOU ARE APPLYING FOR: CO OR HEAD *(Circle one)*

QUESTIONNAIRE

Glimpse Into the Soul

1. Why do you want to be a Waypoint Adventure Trip Leader?

2. What program types or opportunities interest you the most when it comes to Trip Leading?

2. What past experience do you have that you think will be relevant to trip leading at Waypoint Adventure?

3. Rate yourself from 1-5 in these categories (1 being weakness, 5 being strength)
 - ___ Energy
 - ___ Physical endurance
 - ___ Adaptability
 - ___ Creativity
 - ___ Being organized
 - ___ Ability to work on a team
 - ___ Comfort in Outdoor Environment
 - ___ Comfort speaking to a group
 - ___ Comfort carrying 1:1 conversation
 - ___ Comfort working with people with disabilities
 - ___ Comfort communicating with person(s) with communication differences

QUESTIONNAIRE

Check Your Skills



Directions for Below:

Please indicate level of *interest* in trip leading for specific outdoor activities by numbering to the left of each program-type. (1 - most interested, 2 – moderate interest, 3 – no interest)

Indicate level of *experience* in check boxes. Beginner (B): have little to no experience in this area. Intermediate (I): have the ability to perform adequately in this area. Advanced (A): have in depth knowledge and a high skill level. Trainer (T): have taught others skills in this area.

	B I A T		B I A T
___ Kayaking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___ Rock Climbing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
___ Hiking/Backpacking	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___ Snowshoeing	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
___ Ropes Course Facilitating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	___ Other:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
___ Cycling	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Directions for Below:

Please check off skills you are comfortable with for the specific outdoor activities you would like to lead. For some “adaptive gear” skills, we can train you, or you would lead programs without participants that would need those accommodations.

Indoor or Outdoor Kayaking	
Skill	Comfortable with
Loading the trailer with boats & tying it down	
Hooking trailer up to truck	
Parking, reversing, and taking tight turns with trailer	
Using pontoons	
Using and fitting hand adaptations	
Adjusting all types of foot pegs	
Using rudders	
Using radios	
Wet exit with spray skirt	
T-rescue a single	
T-rescue a tandem	
Doing self-rescue with paddle float	
Using bilge pump	
Can affectively use a tow belt to tow another boat	
Fitting self & participant into a PFD	

Fitting self & participant into a boat seat	
Demonstrates good posture, control, and comfort in a boat (6 points of contact)	
Maintains intended direction using efficient strokes	
Turns using efficient strokes	
Can teach paddle signals	
Can teach whistle signals	
Can teach forward, backward, turning strokes	
Knows how to read weather and recognize incoming storms	

Hiking or Snowshoeing	
Skill	Comfortable with
Talk through the 10 Essentials (with prompt) and reason for each	
Can follow a map and teach basic map reading skills like contours, distance of trails, orienting the map, using the key	
Use a compass – can explain to others how to use one	
Facilitate basic tick prevention and tick-checks	
Talk through the three basic layering categories for staying warm. Can keep self and participants relatively warm on a cold/winter program.	
Can fit participants into Trail Rider, Freedom Chair, Terratrek, Hippocampe – can park it, adjusting it, breaking it down and putting it back together	
Understands the basics of towing systems	
Talk through the principles of Leave No Trace and practice good stewardship of natural environments	
Fitting self and participants into snowshoes and talk through safe and effective use of them	
Fitting self and participants into yak traks, micro spikes, and nano spikes	
Can fit participants into sit skis – adjusting it, breaking it down and outfitting it with skis	
Hooking box-trailer up to truck	
Parking, reversing, and taking tight turns with trailer	
Knows how to read weather and recognize incoming storms	

Indoor or Outdoor Rock Climbing	
Skill	Comfortable with
Build top rope “N-Anchor” using LEADSTER	
Setup 3:1 and/or 4:1 haul systems	
Knows basics of risk management in an outdoor rock-climbing environment (i.e. helmet zones)	
Knows industry standards for basic hardware and software (ATC’s, GriGri’s, carabiners, webbing loops, p-cord).	
Belay with ATC and GriGri	
Understands a Toe-to-Toe partner check	
Belay transfer	

Pick Rescue	
Fit self and participant into basic waist harness	
Fit participant and correctly tie into chest harness	
Fit participant and correctly tie into Fudge Harness	
Fit participant and correctly tie into full body harness	
Fit participant and correctly tie into youth harness	
Knows how to read weather and recognize incoming storms	

Ropes Course	
Skill	Comfortable with
Element set up	
Gear retrieval	
Rescue	
Belay with ATC and GriGri	
Understands a Toe-to-Toe partner check	
Fit self and participant into basic waist harness	
Fit participant and correctly tie into chest harness	
Fit participant and correctly tie into Fudge Harness	
Fit participant and correctly tie into full body harness	
Fit participant and correctly tie into youth harness	
Knows basics of risk management in an ropes course environment (i.e. helmet zones)	
Knows industry standards for basic hardware and software (ATC's, GriGri's, carabiners, webbing loops, p-cord).	
Knows how to read weather and recognize incoming storms	

Tandem Cycling	
Skill	Comfortable with
Can ride a bike	
Can get on, start, and stop a tandem bicycle and can explain it to others	
Knows basic rules, etiquette, and hand signaling when cycling on a road or bike path	
Knows how to make basic-intermediate repairs on bikes	
Knows how to read weather and recognize incoming storms	



WAYAD
172H
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CHAPTER 6, § 172H CORI REQUEST FORM

Waypoint Adventure Inc. is requesting all the available criminal offender record information (CORI) on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172H which mandates organizations primarily engaged in providing activities or programs to children 18 years of age or less that accepts volunteers, to obtain all CORI regarding volunteers prior to accepting any person as a volunteer.

VOLUNTEER INFORMATION (PLEASE TYPE)

_____	_____	_____
LAST NAME	FIRST NAME	MIDDLE NAME
_____		_____
MAIDEN NAME OR ALIAS (IF APPLICABLE)		CITY, STATE OF BIRTH
_____	_____	_____
DATE OF BIRTH	SOCIAL SECURITY NUMBER (Only last SIX digits required)	ID Theft Index PIN (*If applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

PHOTOCOPY OF PHOTO ID: *Please attach Government Issued Photographic Identification*

for office use only

THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**



Medical Form & Release of Liability

Please note that all individuals must submit an updated, original, signed copy of this form each year unless there has been a significant change in health status. If so, please resubmit this form.

Name _____
Address _____
City _____
State _____
Zip _____

Email _____
Primary Phone _____
Cell Phone _____

Birth Date ___ / ___ / ___ Age _____

Height _____ Weight _____

Male Female

Emergency Information

Emergency Contact Name _____
Emergency Contact Phone () _____ - _____ Relationship _____

Participant's Health Insurance Provider _____
Policy/ID Number _____
Primary Physician Name _____
Phone () _____ - _____

General Questions

My general physical condition is: 1 2 3 4 5
(1 = poor physical condition, 5 = excellent physical condition)

Do you have a seizure disorder? Yes No If yes, is it controlled by medication? Yes No
Date of last seizure: _____

Can you make your needs known during a program? Yes No

Can you follow multi-step instructions? Yes No

Are you nervous in or around water? Yes No Can you swim? Yes No

Are you independent with activities of daily living (bathroom, eating, etc)? Yes No

Will you be able to refrain from behaviors that pose a risk to yourself and/or others? Yes No
If no, please explain: _____

Will you be accompanied by a Personal Care Assistant? Yes No
If yes, what is his or her name? _____

Medications

Are you using any medications (prescription or non-prescription)? Yes No

If yes, list each medication, the related condition, and dosage/frequency:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Are you able to take these medications independently? Yes No

Allergies

Do you have any allergies?

Yes No

If yes, what are you allergic to? _____

What typically takes place when you have a reaction? _____

What specific medications do you take for allergies? _____

Specific Accommodations

Do you have any sensory, cognitive, physical, or social/emotional disabilities?

Yes No

If yes, please list _____

Will you require any special accommodations in order to participate (sighted guide, ASL interpreter, communication device, etc.)?

Yes No

If yes, please list _____

Do you use a wheelchair, crutches, or other assistive mobility devices?

Yes No

If yes, please list _____

Release of Liability / Assumption of Risk / Consent to Treat

Please read each of the following statements and sign as indicated below. If you are under 18 or if you have a legal guardian, your parent or guardian must sign.

In consideration of the services of Waypoint Adventure, Inc., its officers, directors, agents, employees, volunteers and leaders, and all other persons or entities associated with it (collectively, WA), receipt of which is hereby acknowledged, I and any parent or guardian signing below, for ourselves, our heirs, survivors, administrators, successors, accomplices, and assigns (collectively, I), acknowledge and knowingly and voluntarily agree as follows: I acknowledge that the outdoor activities in which WA participates – including, but not limited to, canoeing, kayaking, swimming, snowshoeing, backpacking, ice skating, camping, challenge courses, whitewater rafting, hiking, ropes, sailing, rock climbing, trail maintenance, and environmental service work – involve certain risks which may cause damage to or loss of my equipment, injury, illness, or, in extreme cases, permanent trauma or death. I assume the risks of the activities identified herein and other risks not specifically identified. I relieve WA of any responsibility or duty it may have to protect me from all such risks. In addition, I expressly surrender and release WA from any and all claims I have or may have, including the right to file a lawsuit or make any demand for WA for personal injury, property damage, wrongful death, breach of contract, products liability, or any other claim or loss arising out of me or my child's or ward's participation in any WA activity, even if caused by the negligence of WA. In addition, I give my consent for WA field volunteers, personnel, staff, and qualified medical personnel to treat me in an emergency situation. I agree to pay for medical treatment and transportation costs incurred on my behalf.

Signature _____

Date ____/____/____

Print Name _____

Relation to Participant _____

Please check this box if you **DO NOT** want Waypoint Adventure to publish, display, or use any photographs in which you appear.