

Outdoor Program
Department of Recreation and Wellness
Climbing Wall Staff Application

Please Type or Print Legibly

Name _____

Local Address _____ Phone _____

E-mail Address _____ BG ID # _____

Academic Major _____

Class Rank: Frosh. _____ Soph. _____ Junior _____ Senior _____ Grad. _____

Are you a Federal Work Study student? Yes _____ No _____ Unsure _____

Are you Certified in: First Aid: Yes _____ No _____ Expiration Date: _____

CPR: Yes _____ No _____ Expiration Date: _____

Anticipated Commitments (Sem./Yr.): Stu. Teaching _____ Intern./Pract. _____ Co-ops _____ Other: _____

Formal Training Experience

Please describe any formal training you have had.

- Beginning Rock Climbing Course - Mo/Yr _____
- Top Rope System Course - Mo/Yr _____
- Other Courses (Please describe below)

Personal Climbing Experience

Please check off all the sections that describe your personal climbing experience. Indicate how long you have been climbing and what difficulty level of climbs you are qualified with under that type of climbing.

Activity	Length of Time	Current Rating of Climb
<input type="checkbox"/> Indoor Climbing Wall	How Many Years?	Current Grade Level
<input type="checkbox"/> Outdoor Top Rope Climbing	How Many Years?	Current Grade Level
<input type="checkbox"/> Sport Lead Climbing	How Many Years?	Current Grade Level
<input type="checkbox"/> Trad Lead Climbing	How Many Years?	Current Grade Level
<input type="checkbox"/> Multi Pitch Climbing	How Many Years?	Current Grade Level

List climbs you have done in the last year with Grade Level (5.X):

Locations	Route Name	Grade Level

(continued)

Personal Climbing Level of Confidence

Please rank your level of confidence in the following climbing skills. (Mark with an "X")

Climbing Skills	Highly Qualified to teach	Highly Qualified for myself	Qualified	Not Qualified
Tying a Figure 8 Follow-through				
Tying a Figure 8 On-a-bight				
Tying a Girth Hitch				
Tying a Water Knot				
Tying a Double Fisherman				
Tying In				
Belaying (Using an ATC)				
Belaying (Using a Gri Gri)				
Climbing Movements & Technique				
Escaping a Belay				
Setting a top Rope anchor				
Managing a Climbing Site				
Rappelling				
Route Setting on a climbing wall				

Climbing Instruction & Youth Programming Experience

Please describe any experience you have teaching, climbing, and leading climbing groups.

Are you willing to act as a coach for our Youth Adrenaline Climbing Club and if so, what experience do you have working with youth?

References

List two individuals (not family) who have knowledge of your outdoor experience who will serve as a reference for you:

Name: _____ Phone _____

Relationship to you: _____

Name: _____ Phone _____

Relationship to you: _____

Please return completed application to the Outdoor Program office, 104 Perry Field House, or the Climbing Wall. If you have questions, please contact Jerome Gabriel at 419.372.2146 or email outdoorpro@bgsu.edu.