

Leader application 2010



Name: _____

Address: _____

Mailing: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Cell/Work Phone: _____

Email: _____

Age: _____ (Must be 15 or older)

DI#: _____

In case of an emergency,

Contact: _____

Relation: _____

Phone #: _____

Medical Info:

Allergies: _____

Heart conditions: Any history of heart problems?

Any history of heat exhaustion/ stroke?

Any history of asthma or breathing difficulties?

Are medications taken for any of the above conditions?

Any other medical conditions we should know about?

Past Ropes experience:(not required):

How did you learn about Challenge Sonoma?

Why do you want to be a Ropes Course Leader?

What can you bring to Challenge Sonoma?

Are you bilingual? What languages can you speak? _____

Have you ever been convicted of a felony?
(Fingerprinting required)

Signature: _____

Date: _____

If Under 18, Parent or Guardian's Signature:

Signature: _____

Date: _____

Please return application to:

Diana Rhoten
Challenge Sonoma Training
1021 Central Ave
Sonoma, Ca 95476