

## **INTERNSHIP APPLICATION PACKET**

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We must receive the following materials in the Admissions office for your application to be reviewed:

1. Completed Application For Internship
2. Completed Questionnaire
4. 2 Professional Letter of Recommendation (dated within 1-year)
5. Food Handler Certification
6. Photocopy of your CPR/WFR Certification
7. Photocopy of your Driver's License
8. Photocopy of your Social Security Card

\* Once applications are reviewed, applicants will be called for a phone interview. After the phone interview, applicants will receive a letter determining training and employment status.

## **MEDICAL TRAINING REQUIREMENTS**

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In order to work as a Intern for Rites of Passage, you must possess a current WFR card.

### **Send all application materials to:**

Rites of Passage

Main Office

Contact the Admissions office if you have any questions. (360) 927-6404

## **QUESTIONNAIRE**

When developing your answers to the questionnaire, please be honest and sincere so the management team can gain a clear picture of you and your experiences. The acceptance of your application is based on your ability to describe yourself, your skills and your strengths in writing.

1. Give an example of a goal you reached and tell me how you achieved it.
2. What attracted you to apply for a position with Rites of Passage, and will you be able to commit to working a full season?
3. What is your experience as a student in the outdoor education or wilderness therapy field? Please either list the courses you've taken or summarize your experience as a student in paragraph form.
4. Tell me about how you worked effectively under pressure.
5. Credentials: List any certifications, degrees and or licenses you have attained

that are relevant to the job for which you are applying.

6. Describe a decision you made that was unpopular and how you handled implementing it.

7. Why should we choose you over the applicants?

***Make these stories compelling!***

**APPLICATION FOR EMPLOYMENT**

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How did you learn about the position?

Name \_\_\_\_\_ Date of Birth / Age \_\_\_\_\_

/ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other

Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Social Security

Number: \_\_\_\_\_

Are you a U.S. citizen?  Yes  No

If not, are you otherwise authorized to work in the U.S. without any restriction?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been involuntarily terminated from any position of employment?  Yes  No

If yes, please describe circumstances:

\_\_\_\_\_  
\_\_\_\_\_

If selected for the internship, are you willing to submit to random drug screening tests?  Yes

No

**EDUCATION**

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School Name Location Years Attended Degree Received Major

Other training, certifications, or licenses held:

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** *(Most Recent First.)*

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Employer \_\_\_\_\_ Job \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any):  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending  
Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**2.** Employer \_\_\_\_\_ Job \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any):  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending  
Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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**3.** Employer \_\_\_\_\_ Job \_\_\_\_\_  
Title \_\_\_\_\_  
Dates Employed \_\_\_\_\_ Prior Position Held within Company (if any):  
\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Job Title \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Starting Salary \_\_\_\_\_ Ending  
Salary \_\_\_\_\_  
Duties Performed \_\_\_\_\_

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Reason for Leaving

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**MEDICAL TRAINING CERTIFICATION**

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Do you have a medical training certification such as a WFR? [ ] Yes [ ] No  
Certification:

Provider: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*Attach a photocopy of your certification  
If no, when will you be certified?

Certification: \_\_\_\_\_

Provider: \_\_\_\_\_

\* Attach a letter verifying enrollment

**EMERGENCY CONTACT**

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Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**ACKNOWLEDGMENT AND AUTHORIZATION**

*Background checks on employees have become standard practice in this industry and Rites of Passage Wilderness Program requires a background check before hiring you. We will check driving records, criminal records and sex offender registries. You will be expected to sign a form authorizing us to check those records prior to working your first course.*

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date