Inspiring, empowering, and transforming children's lives through outdoor education.



P.O. Box 1514 Felton, CA 95018 T: 831.338.3013 | F: 831.533.7800 www.exploringnewhorizons.org

Please send this **completed application**, a **resume**, and a **list of references** to the Program Director at the site that you are interested in applying to. Thank you for your interest! Date Phone # Email address Last name First name Preferred Pronoun Current address City Zip Street State Permanent address Street City Zip State Education: Please list all previous education, including high school SCHOOL ATTENDED SCHOOL LOCATION: DEGREE School Name / Major City, State Complete, BA/BS/MA **Experience:** Additional Youth Experience or Certifications: Please list if you have any of the following Speak / Write / in another language: ☐ Yes ☐ No Which Language: _____ Nonviolent Communication ☐ Yes □ No California Naturalist ☐ Yes ■ No Completion Date / Location: **BEETLES Training** ☐ Yes □ No Completion Date / Location: **Advanced Medical Training** ☐ Yes ☐ No Completion Date / Location: ___ Other: Please list training, completion date and location Special Skills/Qualifications: Share with us your hobbies, memberships, or other Affiliations Music or Preforming Arts Experience: ☐ Yes ☐ No Explain: _ Other: For Driving Jobs Only: DMV records will be obtained and reviewed for employees for whom driving is a job responsibility. ☐ Yes Do you have a valid driver's license: □ No Driver's license # State Exp. Date:

□No

Do you have any moving violations currently on your driving record?

Tyes

If yes, please explain on a separate sheet.

	Organization Name	Position and Duties	Name of	Reason for
			Supervisor	Leaving
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