

Adventure Studies Department

adventure@tru.ca

**ADVENTURE GUIDE APPLICATION CHECKLIST**

**Please send Supplemental Documents to:**

**Thompson Rivers University – Adventure Studies, OM1251**

**805 TRU Way, Kamloops, British Columbia, Canada, V2C 0C8**

**OR**

**PDF files ONLY to adventure@tru.ca**

1. **Complete** a TRU Application. Apply online at [www.tru.ca](http://www.tru.ca)
2. **Transcripts.** To complete your application you will need to submit Official High School transcripts. *Transcripts need to be issued direct from the institution digitally in a PDF format emailed to* *admissions@tru.ca*
3. **Student Information Form.** Fill out the Student Information Form as completely and accurately as possible.
4. **Cover letter.** Enclose a cover letter stating your adventure activity experience, 5-year education/career plan, why you wish to attend this program, and how the program will help you attain your goals.

Briefly outline the skills and attributes you bring to the program and how these will have a positive effect on your learning, your peers, the instructors, and the program as a whole.

1. **Resume.** Enclose an employment resume.
2. **Letters of reference.** Enclose **TWO** reference letters that speak to your character and personality.
3. **Outdoor Experience Log.** Fill out completely the attached Outdoor Experience Log, the more information the better and be sure to list any certifications you hold.
4. **Information session.** You must participate in a program information session either in-person or via telephone conferencing.



Adventure Studies Department

**STUDENT INFORMATION FORM and OUTDOOR EXPIERENCE LOG SHEETS**

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**A. PERSONAL INFORMATION FORM**

1. **NAME**

Last First Middle

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Cell Phone Home Phone Email

1. **PROGRAM INFORMATION SESSION ATTENDED: YES NO**

DATELOCATION

1. **HOW DID YOU HEAR ABOUT THE ADVENTURE GUIDE PROGRAM (circle all that apply)?**

FRIEND/ FAMILY INDUSTRY PARTNER WEBSITE SOCIAL MEDIA

1. **WILL YOU BE FURTHERING YOUR EDUCATION BY COMPLETING THE:**

**ADVENTURE GUIDE DIPLOMA - YES NO**

**BACHELOR DEGREE- YES NO**

1. **ARE YOU INTERESTED IN TAKING THE ADVENTURE GUIDE CERTIFICATE AT THE**

 **KEILIR HEALTH ACADEMY IN ICELAND?**

 **YES NO**



ADVENTURE STUDIES DEPARTMENT

**B. EMPLOYMENT HISTORY**

**1. FORMER EMPLOYERS (list last two)**

(Include name of person who supervised you)

**Dates Name & Address of Employer Position Held**

May we contact the employers/supervisors above? Yes / No

1. **EMPLOYMENT RESUMÉ.** Please attach an employment resumé.
* List your work experience chronologically, starting with the most recent employment.
* List your responsibilities and duties.

**C. PRACTICAL TECHNICAL EXPERIENCE**

**1. Previous Adventure Activity Instruction Taken**

ORGANIZATION/SCHOOL TYPE OF COURSE LENGTH OF COURSE YEAR LOCATION

 **2. Outdoor Experience and Adventure Activity Training,** on the following pages please describe your technical experience.

**OUTDOOR EXPERIENCE LOG SHEETS**

Please list your outdoor experiences under the appropriate discipline heading. Please define your role as: **Leader, Co-Leader, Assistant or Member.** Indicate difficulty by **Alpha/numeric designation where appropriate.** Otherwise use the terms: **Difficult, Moderate, Easy.** Please specify the type of climber/boater/skier using the terms: **Advanced, Intermediate, Beginner.** If you run out of room on one section, there is extra room on the back sheet. Remember to indicate the discipline you are listing.

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| **WHITEWATER KAYAKING & CANOEING** |
| **Kayak or Canoe** |  | **# of days****# of years** |  | **Certification:** |  | **Class of Boater:** | **Kayak: Canoe:** |
| **K or C?** | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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| **SWIFTWATER RESCUE TRAINING** |
|  |  | **# of****Days:** |  | **Certification:** |  | **Type :** |  |

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| **SEA KAYAKING & CANOE TRIPPING** |
| **# of Years:** |  | **# of Days:** |  | **Certification:** | **# of Years:** |  | **# of Days:** |
| **SK or C?** | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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| **ROCK CLIMBING**  |
| **# of Years:** |  | **# of Days:** |  | **Certification:** |  | **Lead climbing grade:** | **Sport grade: Trad grade:** |
| **Sport or Trad** | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE****Lead or 2nd**  |
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| **ICE CLIMBING** |
| **# of Years:** |  | **# of Days:** |  | **Certification:** |  | **Lead climbing grade** |  |
|  | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE****Lead or 2nd** |
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| **AVALANCHE TRAINING** |
|  | **# of****Days:** |  | **Certification:** |  | **Type of****Skier** |  |

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| **MOUNTAINEERING**  |
| **# of Years:** |  | **# of Days:** |  |  |  | **Class of Climber:** |  |
|  | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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| **SKI or SPLITBOARD TOURING** |
| **# of Years:** |  | **# of Days:** |  |  |  | **Riding Ability** | **Beginner Intermediate Advanced Expert** |
|  | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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| **ALPINE SKIING, SNOWBOARDING, TELEMARK SKIING** |
| **# of****Years:** |  | **# of****Days:** |  | **Certification:** |  | **Type of****Skier** |  |

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| **HIKING** |
| **# of Years:** |  | **# of Days:** |  | **Certification:** |  |  |  |
|  | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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| **FIRST AID TRAINING** |
| **CPR:** | **Y/N** | **# of****Days/hrs:** |  | **Certifications:** |  |  |  |

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| **SURFING, MOUNTAIN BIKING, CROSSCOUNTRY SKIING, SCUBA, RAFTING, OTHER** |
| **Type****Su MB XC Sc R** | **DATE** | **LOCATION** | **ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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| **OTHER ADVENTURE SPORTS/ ACTIVITIES INFORMATION** |
|  | **DATE** | **LOCATION** |  **ACTIVITY / ROUTE** | **LENGTH** | **DIFFICULTY** | **ROLE** |
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