

STUDENT INFORMATION FORM

Please submit application PDF files altogether to adventure@tru.ca
or mail all application documents to the address below.

A. PERSONAL INFORMATION FORM

First Name _____

Last Name _____

Email _____

Phone _____ Check one or more: Cell Home Work

Age at the Start of your applied Program _____ Date of Birth _____

Program Information Session

Date Attended _____ Location _____

How Did you Hear About the Adventure Guide Program? (check all that apply)

Friend/Family Industry Partner Website

Social Media Student Expo/Trade Fair

Other _____

Do You Plan to Further Your Education by Completing the: (check all that apply)

Adventure Guide Diploma

Bachelor Degree

B. EMPLOYMENT HISTORY

Please list two or more of your most recent former employers.

Dates	Name & Address of Employer & Supervisor	Position Held

May we contact the employers/supervisors above? Yes No

C. PRACTICAL TECHNICAL EXPERIENCE

Please list any previous adventure activity instruction that you've taken.

Organisation/School	Type of Course	Length of Course	Year	Location

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.

WHITewater KAYAKING & CANOEING									
Kayak or Canoe	# of years and/or days:		Certification:		Class of Boater:		Kayak:		Canoe:
K or C?	DATE	LOCATION			ROUTE		LENGTH	DIFFICULTY	ROLE

SWIFTWATER RESCUE TRAINING				
# of Days:		Certification:		Type:



SEA KAYAKING & CANOE TRIPPING						
Sea Kayak or Canoe	# of years and/or days:		Certification:			
SK or C?	DATE	LOCATION	ROUTE	LENGTH	DIFFICULTY	ROLE

ROCK CLIMBING									
# of days or years:		Certification:		Lead climbing grade:		Sport grade:		Trad grade:	
Sport or Trad	DATE	LOCATION	ROUTE	LENGTH	DIFFICULTY	ROLE Lead or 2 nd			



ICE CLIMBING						
# of years and/or days:		Certification:		Lead climbing grade:		
DATE	LOCATION		ROUTE	LENGTH	DIFFICULTY	ROLE Lead or 2 nd



AVALANCHE TRAINING					
# of years and/or days:		Certification:		Type of Skier:	

MOUNTAINEERING					
# of years and/or days:			Class of Climber:		
DATE	LOCATION	ROUTE	LENGTH	DIFFICULTY	ROLE

SKI or SPLITBOARD TOURING					
# of years and/or days:		Riding Ability:	Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert <input type="checkbox"/>		
DATE	LOCATION	ROUTE	LENGTH	DIFFICULTY	ROLE



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ALPINE SKIING, SNOWBOARDING, TELEMAR SKIING

# of years and/or days:		Certification:		Type of Skier:	
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HIKING

# of years and/or days:	DATE	LOCATION	ROUTE	LENGTH	DIFFICULTY	ROLE
1						
2						
3						
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11						
12						

Thompson Rivers University
Attn: Adventure Studies, OM 1251
805 TRU Way, Kamloops, BC, V2C 0C8



FIRST AID TRAINING

CPR: Yes No

of days
or years:

Certifications:

SURFING, MOUNTAIN BIKING, CROSSCOUNTRY SKIING, SCUBA, RAFTING, OTHER

Type Su MB XC Sc R	DATE	LOCATION	ROUTE	LENGTH	DIFFICULTY	ROLE

OTHER ADVENTURE SPORTS/ ACTIVITIES INFORMATION

	DATE	LOCATION	ACTIVITY / ROUTE	LENGTH	DIFFICULTY	ROLE
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2						
3						



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