



Park Ranger Training Program

Northern Arizona University
Parks & Recreation Management

PARK RANGER TRAINING PROGRAM

APPLICATION PACKET

FALL 2008 & SPRING 2009

PRTP Application Instructions

Applications for the Fall 2008 and Spring 2009 programs are now being accepted. Final acceptance is conditional upon passing a medical exam that must be completed within three (3) months of the start of the program.

All PRTP students must submit a \$100 non-refundable application fee (\$59 of the application fee pays for the physical fitness training). Make the check or money order payable to Northern Arizona University.

Park Ranger Training Program Northern Arizona University 2008-2009

APPLICATION FORM (Please print or type)

I am applying for: (Please circle ONE) Fall 2008 or Spring 2009

I am applying as: (Please circle ONE) Credit Non-credit

Name: _____

Social Security No.: _____

Temporary Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Daytime) (____) _____ (Evening) (____) _____

Email: _____

Permanent Address/Phone (if different from above):

Address: _____

Phone: (____) _____

Date of Birth: _____ Age: _____

Are you currently a full-time college student? _____ YES _____ NO

If yes, NAU? _____ Other college: _____

If you are a college student, provide the following:

Major: _____ Minor: _____

College semester hours as of application date: _____ Overall GPA: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

How did you hear about this program?

Send or deliver complete registration packet (this form, relevant work experience form, notarized criminal offense checklist and resume) to:

Kathy Eissinger, Director, Park Ranger Training Program
Northern Arizona University, Parks and Recreation Management PO
Box 15016, Flagstaff, AZ 86011-5016

I, _____ understand that the Director of the Park Ranger Training Program will make the final determination as to whether I meet the basic qualifications for the Park Ranger Training Program. I also understand that I must clearly and honestly complete the application in order to be considered for the courses.

Date Submitted: _____

ATTACH PHOTO HERE!!

FRONT VIEW

GLUE PHOTO SECURELY

USE RECENT SHOULDERS AND
HEAD

2"X2" PHOTO

INCOMPLETE REGISTRATION PACKETS WILL BE RETURNED

RELEVANT EXPERIENCE FORM

1. What is your main reason for wanting to enroll in the Park Ranger Training Program at the Northern Arizona University?
2. List any relevant work experience that you may have in the field of park management, resource management, or recreation:
3. List any special interests or hobbies that you have:
4. Interpersonal skills, professional attitude, and physical fitness are all important components of being a park ranger. How would you rate yourself in all three of these areas:

NOTE: Attach additional sheets if necessary. Please submit a resume or other supportive material. You must also submit a list of three (3) references (include addresses and phone numbers).

CRIMINAL OFFENSE CHECKLIST

Full Name (Print): _____

Have you ever been:		
Arrested?	Yes	No
Charged by any law enforcement authority?	Yes	No
Convicted of any offense against the law (including "nolo contendere" or "no contest" pleas)?	Yes	No
Charged with any motor vehicle moving violation (e.g. DUI, reckless driving, speeding)?	Yes	No
Involved in a motor vehicle accident?	Yes	No
Subjected to forfeiture of collateral in connection with an arrest?	Yes	No
Imprisoned?	Yes	No
Placed on probation?	Yes	No
Required to appear before a juvenile court for an act that would have been a crime if committed by an adult?	Yes	No
Diagnosed as having mental or emotional problems?	Yes	No
Been treated for drug or alcohol dependency?	Yes	No
Associated in any manner with any group that advocates resistance and/or violence against the Federal Government?	Yes	No
Been fired from any job for any reason?	Yes	No
Are you now:		
Charged with an offense by any law enforcement authority?	Yes	No
Presently on bail or out on personal recognizance or other conditional release?	Yes	No
On probation of any type?	Yes	No

If you answered "Yes" to any part of the above Questions, give complete details on separate sheet. Include, as a minimum, the date of the offense, charge(s), city and state, name of Law Enforcement Agency involved, and final disposition.

The information that I have provided is true and correct. I understand that any misleading or false information is just cause for refusal of this application. I also understand that false information will result in my dismissal from the Park Ranger Training Program.

Participant Name (please print or type)

Participant Signature

THIS FORM MUST BE NOTORIZED. NOTARY INFORMATION BELOW

State _____

County _____

Date _____

Notary Public _____

My commission expires _____

Notary Signature _____



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STUDENT HEALTH DATA

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MEDICAL EXAMINATION FORM

Instructions to the Examining Physician

Your patient is applying for admission to a police training program. He/she will be involved in strenuous physical activities that include unarmed defensive tactics with full contact exercises, firearms training with handguns and shotguns and driving motor vehicles in high speed emergency response and pursuit situations. Please consider these issues in evaluating the fitness of the candidate for admission to this program. If you have any questions please contact Kathy Eissinger, Program Director at (928) 523-8242.

Final acceptance is conditional upon passing a medical exam that must be completed (at the applicants expense dated no more than 120 days prior to the start of the program).

STUDENT HEALTH DATA

To assist in seeing that you receive proper treatment for any illness or injury that might occur during your training, we must have the following information:

Name: _____
(Last) (First) (Middle)

Are you taking any medication: Yes ☐ No ☐ If yes, lists the medication and dosage:

Have you had surgery or been confined to a hospital within the past two years? Yes ☐ No ☐ If yes, are you still under a doctor's care for the condition? Yes ☐ No ☐ If yes, complete the next line,

Attending Physician's name and phone number.

Are you allergic to any foods, medication, animals, plant life, insects, etc.? Yes ☐ No ☐ If yes, describe;

Please indicate: Non-Smoker ☐ Smoker ☐ Heavy ☐ Moderate ☐ Light ☐

Do you have any religious or personal convictions concerning medical treatment of which we should be aware in obtaining treatment for you? Yes ☐ No ☐ If yes, describe:

Do you have any special diet requirements? Yes ☐ No ☐ Describe:

Do you have any physical or psychological limitations/injuries, recent or old, that might restrict your full participation in physical activities during training? Yes ☐ No ☐ If yes, describe:

If you are not covered under a personal or employer medical insurance policy, please provide the medical care facility with information necessary to bill you directly. Your training file will not accompany you to the doctor or hospital. A photocopy of this form will, so please provide detailed information. (Use reverse side for additional information.)

IF THE ANSWER TO ANY OF THE ABOVE IS "YES," PLEASE PROVIDE AN EXPLANATION IN THE COMMENTS SECTION ON THE NEXT PAGE OF THIS FORM

MEDICAL EXAMINATION

NAME OF STUDENT:

(Last)	(First)	(Middle)
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TO THE PHYSICIAN: This physical examination should ascertain any conditions, which may be aggravated by strenuous physical exercise. The student will engage in running, jumping, wrestling, unarmed self-defense and other physically demanding exercises while enrolled in a basic police training course.

Does patient have a medical history of or demonstrate present symptoms of any of the following?

YES NO

- | | | |
|-----|-----|---------------------------------------|
| ___ | ___ | 1. Uncorrected visual deficiency |
| ___ | ___ | 2. Major impairment of the senses. |
| ___ | ___ | 3. Asthma. |
| ___ | ___ | 4. Breathing difficulties. |
| ___ | ___ | 5. Heart Attack. |
| ___ | ___ | 6. Angina Pectoris |
| ___ | ___ | 7. Stroke. |
| ___ | ___ | 8. Hemorrhage |
| ___ | ___ | 9. Hypertension |
| ___ | ___ | 10. Allergies |
| ___ | ___ | 11. Dizziness |
| ___ | ___ | 12. Fainting |
| ___ | ___ | 13. Backache or injury |
| ___ | ___ | 14. Chronic earache |
| ___ | ___ | 15. Pregnancy |
| ___ | ___ | 16. Communicable diseases |
| ___ | ___ | 17. Amputation |
| ___ | ___ | 18. Prosthetic Devices |
| ___ | ___ | 19. Taking Medication |
| ___ | ___ | 20. Under physician's continuing care |

IF THE ANSWER TO ANY OF THE ABOVE IS "YES," PLEASE PROVIDE AN EXPLANATION IN THE COMMENTS SECTION ON THE NEXT PAGE OF THIS FORM.

MEDICAL EXAMINATION (Continued)

NAME OF STUDENT:

(Last) (First) (Middle)

1. Height (without shoes): Ft. _____ Inches _____
2. Weight (pounds): _____
3. Resting pulse rate: _____
4. Blood Pressure: _____/_____
5. Vision (without correction): Right 20/_____ Left 20/_____
6. Vision (with correction): Right 20/_____ Left 20/_____
7. Can distinguish between the colors or red, green amber: Yes No

Comments: (Explain each "Yes" response, indicating the Item number):

8. As a result of my physical examination, I have determined that the patient **CAN / CANNOT** (circle one) safely function in all phases of strenuous training.

Typed, printed or stamped name and address of examining physician

Date of Examination: _____

Signature of Examining Physician: _____