

Urban Wilderness Project
P.O. Box 18874
Settle, WA 98118

admin@urbanwildernessproject.org

Phone: 206-464-8364

www.urbanwildernessproject.org

Application Instructions

Urban Wilderness Project Summer Crew Leader

Welcome and thank you for applying to be an Urban Wilderness Project Summer Crew Leader. Your application will be reviewed based on the following:

Application Requirements

_ Letter of Interest: Please illustrate your experience in young adult leadership; working with diverse youth, youth programming and teaching; risk management and safety; service learning and/or conservation projects; and outdoor living and traveling.

_ Resume

_ UWP Summer Application for Employment*: Please fill this out completely.

Important notes: in reference to page 1, the Crew Leader position is a Temporary position. In reference to the Applicant Statement (last page), crew leader applications WILL be considered active beyond 30 days.

_ UWP Summer Crew Leader Addendum*

Once received, your complete application will be reviewed by UWP staff. UWP staff will contact you to set up an interview if appropriate. All applicants must interview in person.

(See above for application check list)

Below is the list of required documentation to be submitted after an applicant is offered a position. Please do not submit these documents with the application materials listed above. UWP Crew leader hires are conditional pending the evaluation of the following:

_ Medical Forms*: In order to be a Wilderness/Adventure Works™ Crew Leader you must be in good health and pass UWP's medical screening. You must fill out the Medical Health History form. Note: You must also have a physical and have your doctor complete the Physician Recommendation form.

_ Acceptable Criminal Background Check* and DMV License Report Background Check*: UWP conducts Criminal Background and DMV License checks on all, volunteer staff, crew leaders and paid staff. UWP checks for felonies and driving Infractions only.

_ Payroll paperwork: *W-9 and I-9.

_ Photocopy of valid Driver's License

_ First Aid Certification: Please photocopy both sides. See Job Requirements for certification standards.

* Required application paperwork and forms can be found within this application packet.

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Please send all application materials and paperwork to:

Urban Wilderness Project
P.O. Box 18874
Seattle, WA 09118
206-579-5848
admin@urbanwildernessproject.org

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations for the application and/or interview process should notify Jourdan Keith at 206-579-5848 immediately. An Equal Opportunity Employer committed to workforce diversity.

- If necessary, best time to call you at home is _____ : AM/PM
- May we contact you at work? Yes No
- If yes, work number and best time to call () _____ : AM/PM
- Are you of legal age to work (over 16 years old)? Yes No
- Have you submitted an application here before? Yes No
- If Yes, give date(s) and position(s) / /
- Do you have a legal right to be employed in the U.S.? Yes No
- (If yes, proof is required)
- Type of employment desired Full-Time Part-Time Temporary Seasonal
- Dates available for work? / /
- Salary desired \$ (21 days pre-trip/post-trip)
- Will you travel if required? Yes No
- Will you work overtime if required? Yes No
- If no, please explain
- Have you ever been convicted of a crime? Yes No
- If yes, please provide date(s) and details
- Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation, and position applied for will be taken into account.

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APPLICATION FOR EMPLOYMENT

Urban Wilderness Project

Please print. _____

Position(s) applied for _____

Date of application ____/____/____

Name _____

Last First Middle

Address _____

Telephone # () _____

Mobile/Beeper/Other Phone # () _____

E-mail Address _____

Social Security # _____

Educational Background

A. List last three (3) schools attended, starting with most recent.

B. List number of years completed.

C. Indicate degree or diploma earned, if any.

D. Major Field of study.

E. Minor field of study (if applicable).

A. School

B. Number of Years Completed

C. Degree/Diploma

D. Major

E. Minor

References

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List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you.

Name /Telephone/ No. of Years Known

1. _____
2. _____
3. _____

Additional Information

List professional, trade, business or civic associations and any offices held. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization(s)_____

Offices Held_____

List special accomplishments, publications, awards, etc. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Summarize any special training, skills, licenses, certifications and/or additional information that may qualify you as being able to perform job-related functions in the position for which you are applying.

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent.

Employer

Telephone

Dates Employed:

From _____ **To** _____

Job Responsibilities

Address

Job Title _____ **Hourly Rate/Salary**

Starting

Supervisor and Title _____ **\$ Per**

Reason for Leaving Hourly _____ **Rate/Salary**

May we contact for reference?

Yes No Later

Employer

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Telephone

Dates Employed:

From _____ **To**

Job Responsibilities

Address

Job Title _____ **Hourly Rate/Salary**

Starting

Supervisor and Title _____ **\$ Per**

Reason for Leaving _____ **Hourly Rate/Salary**

May we contact for reference?

Yes No Later

Employer

Telephone

Dates Employed:

From _____ **To**

Job Responsibilities

Address

Job Title _____ **Hourly Rate/Salary**

Starting

Supervisor and Title _____ **\$ Per**

Reason for Leaving _____ **Hourly Rate/Salary**

May we contact for reference?

Yes No Later

Employer

Telephone

Dates Employed:

From _____ **To**

Job Responsibilities

Address

Job Title Hourly _____ **Rate/Salary**

Starting

Supervisor and Title _____ **\$ Per**

Reason for Leaving _____ **Hourly Rate/Salary**

May we contact for reference?

Yes No Later

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Applicant Statement

I understand that this application will be considered active for 60 days from the date of my signature below. After that time, it will be necessary to reapply and to complete a new application.

I certify that all of the statements made in this application are to the best of my knowledge, true, accurate, complete and are made in good faith. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. I also understand that a background check may be conducted for certain positions.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law. In consideration of my employment, I agree to conform to the organization's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the organization's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the organization. I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the Applicant Statement

Signature of Applicant: _____ **Date:** ____/____/____

Application Addendum UWP Crew Leader

1. Name: _____

2. Will the address you provided on the UWP Employment Application be valid through September?

If not, please provide an alternate address and the dates it will be effective in the space below.

3. Will you be 21 years old by June 1, 2006? Yes No

4. What dates are you available to work? _____ to _____ (if applicable, except _____)

5. List your Current Medical Certifications:

CPR No Yes, exp date: _____

Basic First Aid No Yes, exp date: _____

Wilderness First Aid No Yes, exp date: _____

Wilderness First Responder No

Yes, exp date: _____

Wilderness EMT No Yes, exp date: _____

Other _____

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Expiration _____

9. Driver's License

Do you have a current valid US driver's license? Yes No

Do you have any restrictions on your license? Yes No

If yes, please explain:

I certify that all of the statements made in this application are to the best of my knowledge true, accurate, complete and are made in good faith, I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am under contract, my contract may be terminated at any time. I also understand that a criminal background check will be conducted prior to contract finalization.

Applicant's Signature

Date