

# Fort Miley Adventure Challenge Course Leadership Training Registration

PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (D) \_\_\_\_\_ (E) \_\_\_\_\_

E-Mail: \_\_\_\_\_  
FAX \_\_\_\_\_

Occupational and/or School Affiliation: \_\_\_\_\_

**1) Where/how did you hear about FMAACC and our Leadership Training?**

**2) Please describe what experiences you have had being a leader; facilitating groups, team building, sports or adventure activities.**

**3) Why do you want to take this training? Where can you see these skills being applied beyond the ropes course, for yourself?**

**4) Which (if any) of the following certifications do you currently possess?**

- Red Cross First Aid (expiration date: \_\_\_\_\_)
- Red Cross CPR (expiration date: \_\_\_\_\_)
- Ropes course leadership training with other programs? With who?
- Relevant workshops or certifications? \_\_\_\_\_

**5) Developing course leadership implies a serious commitment of time and energy to the FMAACC. Please respond to the following:**

- I can commit to attending all training dates
- I would be interested in additional leadership development with PLI
- I can commit to providing **4 days** of leadership at FMAACC during my first year.

If needed, use the back of the page to answer questions.