



PO Box 3537, Ashland, OR 97520  
541.482.0513 / office@coyotetrails.org

## Internship / Intern-in-Training Application Coyote Trails School of Nature / NAWs Programs

Please print carefully or type

Today's Date: \_\_\_\_\_

Name (First, Middle, Last): \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Eve Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer/School/Other:

\_\_\_\_\_  
\_\_\_\_\_

How did you find out about Coyote Trails?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list the names of three people who are involved in your life and can tell us about you, your gifts and your limitations. It would be helpful if at least one of them were involved with the Coyote Trails Programs. Please list their names, addresses, phone numbers and their relationship to you.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Have you ever been arrested or convicted of any crime? If yes, please explain (include month and year).

\_\_\_\_\_  
\_\_\_\_\_

Are you certified in any of the following? Please list the organization through which you are certified.

Cardiopulmonary Resuscitation (CPR)? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Basic First Aid? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Wilderness First Aid? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

WFR/EMT/WEMT? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Lifeguarding? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other? \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS.** You may use additional paper if necessary.

## Relevant Experience:

1. What nature based classes have you taken? Please list class(es) and date(s):

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2. What other wilderness experience do you have? (i.e. NOLS, Outward Bound, summer camps, survival schools, etc.):

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3. Please describe any experience you have in outdoor skills, naturalism, survival, tracking, etc:

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4. Why do you want to intern at Coyote Trails? What would you like to achieve during your intern time?

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## Attestation and Grant of Authority

The undersigned hereby attests that he/she is not now nor has ever been the subject of any claim, suit, action or investigation, either pending, threatened, filed or adjudicated, involving the molestation, abuse, rape, assault or other offense of a deviant or predatory sexual nature involving a minor in which any action brought against the undersigned was dismissed with prejudice or the undersigned entered a plea of "no contest" or a court of competent jurisdiction entered a verdict of guilty. Additionally, the undersigned hereby grants Nature Awareness and Wilderness Sports Programs / Coyote Trails ("NAWS") the right and authority to engage either through itself or a third party, a criminal background check of the undersigned to verify this attestation. The undersigned acknowledges that failing to execute this attestation may preclude the undersigned from being hired by NAWS or approved as a volunteer of NAWS as it is in the best interests of NAWS and the participants in NAWS' activities to be protected from individuals with a criminal history of deviant or predatory sexual conduct involving minors. While disclosure of any deviant or predatory sexual conduct involving minors will be taken into account in making hiring and volunteer determinations, it shall not automatically preclude any applicant from obtaining employment with NAWS or being approved as a volunteer. Rather, factors such as when the offense was committed and the seriousness and nature of the offense will also be considered by NAWS.

The undersigned acknowledges and agrees that this attestation is necessary and fundamental to the protection of participants in NAWS' activities and does not know of any reason why any provision of this attestation is not reasonable and lawful. NAWS is an equal opportunity employer and does not discriminate upon the basis of race, sex, age, disability, origin or any other "protected class" as defined by any applicable statute or regulation.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Notice to Applicant

I certify the above statements made in this application are true, correct and complete.

I understand that this application will not be considered if not filled out completely. It is understood that this application does not obligate CTSN in any way and does not indicate any open positions.

I understand that my signature constitutes my authorization for CTSN to investigate the facts submitted and for those with relevant information, including, but without limitation, physician, hospitals, schools, law enforcement agencies, my prior employers and/or personal references to provide such information to CTSN, and I release them from liability for doing so.

I understand that a copy of this form shall serve as my authorization to release information and records to the extent such information is job-related and consistent with the Employer's business needs.

I understand that, if accepted, my position is to be "at will" and that either I, or CTSN, may terminate my position at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both myself and Coyote Trails.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you very much for the time and energy you have put into this application. We will inform you by April 15.**



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### Permission and Release

I hereby grant permission for the below named Participant to participate in any and all activities of Nature Awareness and Wilderness Sports Programs dba Coyote Trails School of Nature ("NAWS"), an Ohio non-profit corporation that is qualified as a foreign corporation in the State of Oregon and hereby grant to NAWS, its directors, officers, employees, agents and representatives, permission to supervise Participant in his/her participation in any and all of NAWS' activities and to provide transportation for Participant when necessary to participate in any of NAWS' activities. I understand that NAWS' activities take place on property that may include certain dangers and hazards and that the NAWS' activities themselves involve inherent risks of personal injury, property damage, illness or death. I understand that NAWS' programs will include activities that involve inherent danger including, without limitation, tracking, awareness, philosophy, survival and other activities that involve dangers and hazards. I, on behalf of myself, Participant, and my and Participant's heirs, executors, legal representatives and assigns, have considered these risks and understand the potential for such damage and/or injury that may be incurred by Participant as a result of participation in NAWS' activities and hereby assume such risks and agree to forever waive, release, discharge, indemnify, defend and hold harmless NAWS, its directors, officers, employees, agents, successors and assigns (collectively, the "indemnitees") from and against, any and all claims, damages, suits, actions, demands and liabilities of any nature whatsoever arising out of, because of, or due to Participant's involvement in NAWS' activities, including but not limited to, the operations of NAWS, the acts or omissions of NAWS, its employees, volunteers, representatives or other Participants, and travel provided by NAWS to and from any activities or programs offered by NAWS that require the Participants to travel.

I further acknowledge and agree that the activities of NAWS may involve substantial and often difficult and strenuous physical activities. To the best of my knowledge, Participant is physically and mentally fit and able to engage in any such physical activity and if requested by NAWS, I agree to furnish a physician's statement to that effect. It is understood that neither NAWS nor the Indemnitees take responsibility for the physical and mental condition of Participant and that as Participant or parent and/or guardian of Participant, I alone am responsible for such conditions of Participant. I further attest that Participant possesses his/her own health and hospitalization policy or is named as an insured under another health and hospitalization insurance policy. I further grant NAWS, its employees, agents and representatives permission to take whatever action is necessary for the health and welfare of Participant including consenting on my and Participant's behalf to any and all medical treatment and/or hospitalization and further agree to hold harmless, indemnify and reimburse NAWS and the Indemnitees for all medical expenses incurred by either Participant or NAWS arising from or related to the medical or other treatment of Participant.

THE PARTICIPANT ACKNOWLEDGES THAT THE USE OF VIDEO RECORDERS IS PROHIBITED. The Participant releases to NAWS the rights to use any photograph or video taken while participating in said survival, tracking, awareness, and philosophy training, to be used as deemed by NAWS, including advertising.

This Participant Permission and Release contains the entire understanding and agreement between NAWS and Participant with respect to the subject matter hereof, and supersedes any prior agreement, whether oral or written, between NAWS and the Participant. The terms of this Permission and Release shall be governed by the internal substantive laws of the State of Oregon without giving effect to any choice or conflict of law provision that would cause the application of the laws of any other jurisdiction.

Participant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Participant (if over 18 years of age)  
Or Parent and/or Legal Guardian of Participant: \_\_\_\_\_