



Pikes Peak Corps Program Application Form (Please print clearly!)

All persons desiring to participate in a RMFI program must complete the following application and return it to:

Rocky Mountain Field Institute
3310 W. Colorado Ave. Colorado Springs, Colorado 80904
Phone: (719) 471-7736 Fax: (719) 622-6707 Email: rmfi@rmfi.org

Our number one goal is to assure that every participant in our programs has a positive and rewarding experience. This application is required because of the potential hazards associated with RMFI programs and their demanding nature. It will help us in determining if the program is the best fit for you. We ask that you please answer each question honestly and completely. All information will be treated with utmost confidentiality. We may wish to discuss your application with you personally. If this is the case, a RMFI representative may contact you by phone.

PERSONAL INFORMATION

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail _____ Date of Birth _____

Best day(s) and time(s) to contact you by telephone for a screening interview:

Date(s) _____ Time(s) _____

Phone _____

How did you hear about RMFI? _____

EMERGENCY PARENT OR LEGAL GUARDIAN CONTACT

Name _____

Address _____ City/State/Zip _____

Relationship _____

Day phone _____ Evening Phone _____

HEALTH INSURANCE INFORMATION

Are you covered by a hospitalization or medical care policy? Yes No

Name of insurance company _____

Policy number _____ Name of primary physician _____

Address _____ Phone _____

MEDICAL HISTORY

Sex (____) Age (____) Height (____) Weight (____) Blood pressure (____ over ____)
Resting pulse (____)

Please describe any medical conditions that might effect your participation in the program:

Do you have any allergies? Yes No If yes, please list: _____

Are you currently using any medication, including psychiatric and over the counter medication? Yes No

If yes, please list medication and explain reason for use: _____

Have you been in counseling with a psychiatrist, psychologist, or psychotherapist within the last 2 years? Yes No

If yes, please give the reason(s) for treatment/therapy: _____

Have you had a tetanus shot within the last ten years? Yes No (If no, you will be required to do so prior to participating in an RMFI program).

Please list any hospital or emergency room visits in the last two years.

Date	Hospital/Clinic	Reason for visit?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently certified in basic first aid? Yes No
CPR? Yes No

FOOD PREFERENCE

Vegetarian ____ Meat ____ Please list below any foods that you can't eat:

CURRENT EXERCISE ROUTINE

Activity:	Frequency/Week:	Time/Session:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EXPERIENCE

1. Have you participated in environmental service or volunteer programs in the past? Yes No If yes, please list the project(s), year(s), and work performed.

2. Describe any outdoor experiences you have had during the past five years.

3. Describe any work experience or jobs you have held.

3. Please attach a one-page essay explaining why you would like to participate in the program.

4. AmeriCorps awards students 17 or older who complete 300 hours of unpaid, volunteer service with a \$1,000 education scholarship. This requires no additional service work outside of the Pikes Peak Corps program. The only requirements are completing volunteer service with a qualifying organization (RMFI), completing AmeriCorps paperwork, and recording your volunteer hours. Are you 17 years old as of June 7, 2010 and wish to be enrolled in the AmeriCorps volunteer service program to receive a \$1,000 education award upon completion of the program? Yes No

5. RMFI has a small number of need-based scholarships available to cover the \$160 administrative fee. If you wish to be considered for a scholarship please include a statement of need with your application.

Please list the program location and dates that you are interested in participating in.

Program Name:

Dates:

Pikes Peak Corps 2010

June 7 – July 30, 2010

You will be required to sign a waiver of liability/acceptance of risk form once you are accepted into the program. Do you anticipate a problem doing so? YES NO I would like to review a copy of the form prior to attending the program _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Signature of Applicant

Date

**Signature of Parent or Legal Guardian
(required if applicant is under age 18)**

Date

Please be aware that other application materials may be required for some RMFI programs. Thank you for your interest in the Rocky Mountain Field Institute! Please contact us if you have further questions. We can be reached at 719.471.7736 or rmfi@rmfi.org.