

Park Ranger Training Program

Northern Arizona University Parks & Recreation Management

PARK RANGER TRAINING PROGRAM

APPLICATION PACKET "

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PRTP Application Instructions

Applications for the program are accepted on a continual basis. Final acceptance is conditional upon passing a medical exam that must be completed within four (4) months of the start of the program.

All PRTP students must submit a \$150 non-refundable application fee in the form of a check or money order payable to Northern Arizona University.

Items to be included with application: resume, check or money order for application fee, and notarized criminal history checklist. The medical should not be sent until within 4 months prior to the start of the program.

APPLICATION FORM (Please print or tvg	1 0)		ATTACH PHOTO HERE!!
AFFLICATION FORM (Flease plint of typ	<u>5e)</u>		FRONT VIEW
I am applying for: (Please check ONE)	Fa11 2011	Spring 2012	GLUE PHOTO SECURELY
I am applying as: (Please check ONE)	Credit	Non-credit	USE RECENT SHOULDERS AND HEAD
Name:			2"Х2" РНОТО
Social Security No.:		-	
Temporary Address:			
City: Stat	e:	Zip:	
Telephone: (Daytime) ()_		(Evening) ()_
Email:			
Permanent Address/Phone (if different from	m above):		
Address:			
Phone: ()			
Date of Birth: Age:			
Are you currently a full-time college stude	nt? Y	ESNO	
If yes, NAU? Other	r college:		
If you are or were a college student, provide	le the following:		
Major:	Minor	::	
College semester hours completed as of ap	plication date:_	Overall (GPA:
Driver's License Number: How did you hear about this program?	State:	Expiration	on Date:
Send or deliver complete registration packet notarized criminal offense checklist and re	,	evant work experie	ence form,
Mark J. Maciha, Director, Park Ranger Northern Arizona University, Parks PO Box 15016, Flagstaff, AZ 86011	and Recreation		
I,un Program will make the final determination Ranger Training Program. I also understan application in order to be considered for th	d that I must cle	e Director of the P meet the basic qua arly and honestly of	ark Ranger Training lifications for the Park complete the
Date Submitted:			

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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 sub mit 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):		
		<u> </u>
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 state date of the offense, charge(s), city and state, name of Law Enforcement Agency involved, The information that I have provided is true and correct. I understand that any misleading or for refusal of this application. I also understand that false information will result in my dismis Training Program.	and final disposalse information	sition. n is just cause
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 Mark Maciha, Program Director at (928) 523-8242. Final acceptance is conditional upon passing a medical exam that must be completed (at the applicant's 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 tre your training, we must have the following inf		ury that might occur during
Name:		
(Last)	(First)	(Middle)
Are you taking any medication: Yes _ No _	If yes, lists the medication	on and dosage:
Have you had surgery or been confined to a h you still under a doctor's care for the condition		
Attending Physician's name and phone number	er.	
Are you allergic to any foods, medication, and	imals, plant life, insects, etc	e.? Yes - No - If yes, describe
Please indicate: Non-Smoker _ Smoker _ He	eavy _ Moderate _ Light _	
Do you have any religious or personal convic aware in obtaining treatment for you? Yes _		eatment of which we should be
Do you have any special diet requirements? Y	Yes _ No _ Describe:	
Do you have any physical or psychological lin participation in physical activities during train		
If you are not covered under a personal or em care facility with information necessary to bil the doctor or hospital. A photocopy of this for side for additional information.)	ll you directly. Your training	g file will not accompany you to

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 C	F STUDENT:		
	(Last)	(First)	(Middle)
aggravate	ed by strenuous physical exe	ercise. The student will enga	ain any conditions, which may be age in running, jumping, wrestling, while enrolled in a basic police training
Does pati	ent have a medical history of	or demonstrate present symp	otoms of any of the following?
YES NO			
		•	
2		f the senses.	
3			
4		S.	
5	Heart Attachk.		
6	Angina Pectoris		
7	Stroke.		
8	. Hemorrhage		
9	. Hypertension		
1	0. Allergies		
1	1. Dizziness		
1	2. Fainting		
1	3. Backache or injury		
1	4. Chronic earache		
1	5. Pregnancy		
1	6. Communicable dis	eases	
1	7. Amputation		
1	8. Prosthetic Devices		

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

____19.

____ 20.

Taking Medication

Under physician's continuing care

MEDICAL EXAMINATION (Continued)

NAME OF STUDENT: (First) (Middle) (Last) 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: