

Odyssey Wilderness Programs, Inc.

1106 Harris Ave. Suite 201

Bellingham, WA 98225

**LONGBOAT SAILING CAPTAIN
APPLICATION PACKET**

We must receive the following materials in the Admissions office for your application to be reviewed:

1. Completed Application For Employment
2. Completed Questionnaire
3. Professional TOTE
4. 2 Professional Letters of Recommendation (dated within 1-year)
5. Photocopy of your CPR/WFR Certification
6. Photocopy of your Driver's License
7. Photocopy of your Social Security Card
8. Photocopy of your Captain's License
9. Resume

* Once applications are reviewed, applicants will be called for a phone interview. After the phone interview, applicants will receive a letter determining training and employment status.

MEDICAL TRAINING REQUIREMENTS

In order to work as a Longboat Sailing Captain for Odyssey Wilderness Programs, you must possess current CPR and First Aid Training. To work as a Longboat Sailing Captain, the minimum medical training requirement is Adult First Aid and CPR.

Send all application materials to:

Odyssey Wilderness Programs, Inc.

1106 Harris Ave. Ste 201

Bellingham, WA 98225

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Contact the Admissions office if you have any questions. (360) 671-4999 Ext. 1

QUESTIONNAIRE

When developing your answers to the questionnaire, please be honest and sincere so the management team can gain a clear picture of you and your experiences. The acceptance of your application is based on your ability to describe yourself, your skills and your strengths in writing.

1. What is important to you in your life right now? List the 10 most important things that you value right now.
2. What attracted you to apply for a position with Odyssey Wilderness Programs and will you be able to commit to working a full season?
3. What is your experience as a student in the outdoor education or wilderness therapy field? Please either list the courses you've taken or summarize your experience as a student in paragraph form.
4. Pick one job you've held in the outdoor industry and tell us about it. What did you like about the position, what were drawbacks and what would have kept you invested and working in that job? If you're currently working in the position, what would keep you there?
5. Sailing Skills/Experience: Include types and lengths of boats sailed, duration of trips and your position aboard. Explain your navigational experience and knowledge. List any sailing certifications that you possess.
6. Describe your experience working with teenagers in either an educational or therapeutic setting. Include the position that you held, the responsibilities that you had and a self-evaluation of your effectiveness regarding rapport, teaching/counseling styles and your ability to help your students/clients.
7. Credentials: List any certifications, degrees and or licenses you have attained that are relevant to the job for which you are applying.
8. Safety – Give two examples of your experience in a hazardous situation in the outdoors where individual and group communication skills were important, either used or not. We are looking for examples from a situation in which you learned something from the event.

Make these stories compelling!

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought: _____

How did you learn about the position? _____

Name _____ Date of Birth / Age _____ / _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

On what date would you be available for work? _____

Desired Wage/Salary \$ _____

Are you a U.S. citizen? [] Yes [] No

If not, are you otherwise authorized to work in the U.S. without any restriction? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

If yes, please describe circumstances: _____

Have you ever been involuntarily terminated from any position of employment? [] Yes [] No

If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to random drug screening tests? [] Yes [] No

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY *(Most Recent First.)*

1. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

MEDICAL TRAINING CERTIFICATION

Do you have the required Adult CPR & First Aid Certification? [] Yes [] No

Do you have a 72-hour medical training certification such as a WFR? [] Yes [] No

Certification: _____

Provider: _____ Exp. Date: _____

*Attach a photocopy of your certification

If no, when will you be certified? _____

Certification: _____

Provider: _____

* Attach a letter verifying enrollment

EMERGENCY CONTACT

Name: _____

Daytime Phone: _____ Evening Phone: _____

Address: _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have read, understand, accept, and agree to abide by the rules, policies and guidelines set forth by Odyssey Wilderness Programs. I understand the relationship between me and Odyssey Wilderness Programs will be governed by the laws of the State of Washington and any suit, mediation, or arbitration of any dispute with Odyssey Wilderness Programs must be filed exclusively in the State of Washington. I understand that I am not accepted on my course until all enrollment forms have been received and approved by the Odyssey Wilderness Programs Admissions Office. I give permission for Odyssey Wilderness Programs to use my name, address, and picture in promotional materials and press releases.

Background checks on employees have become standard practice in this industry and Odyssey Wilderness Programs requires a background check before hiring you. We will check driving records, criminal records and sex offender registries. You will be expected to sign a form authorizing us to check those records prior to working your first course.

Printed Name of Applicant

Signature of Applicant

Date

Professional TOTE

The Personal TOTE is a goal oriented exercise. This tool will help you develop, initiate and maintain a specific goal you want to achieve in your job at Odyssey. Answer each question as specifically as possible. This process will no doubt take some time and some thought. Do your best to figure out what you really want and how you plan on achieving it. Good luck!

OUTCOME: What do I want to achieve in my job at Odyssey Wilderness Programs?

What *will* I be doing to achieve my outcome?

How can I begin and maintain this outcome?

What would this outcome do for me?

- 1)
- 2)
- 3)

What prevents me from achieving this outcome?

- 1)
- 2)
- 3)

EVIDENCE: *(When outcome is achieved)*

What will I see?

What will I hear?

What will I feel?

How do I know when I have achieved this outcome?

RESOURCES: *(What resources do I need to get the outcome?)*

- 1) *I need...*
- 2)
- 3)