



**PEAK CHALLENGE 2009
LEADER APPLICATION**



PLEASE PRINT AND FILL OUT INFORMATION IN DETAIL

Position Applying For: Leader Co-Leader (circle one)

Applicant Name _____ **Email** _____

Address _____ **City/State/Zip** _____

Home Phone _____ **Work** _____ **Cell** _____

Emergency Contact Name _____

Home Phone _____ **Work** _____ **Cell** _____

Why would you be a good Peak Challenge Leader/Co-Leader?

Are you a previous Peak Challenge Leader *(circle one)* Yes No #of years _____

Are you a previous Peak Challenge Co-Leader *(circle one)* Yes No # of years _____

Were you referred by another leader or staff *(circle one)* Yes No by whom? _____

Your medical and physical condition *(circle one)* Good Fair Poor

Medical and/or physical limitations _____

Peak preference _____

Have you successfully summited preferred peak *(circle one)* Yes No Date _____

Number of 14,000 ft or greater peaks successfully summited _____

What is your current medical training (CPR, first aid, licenses/certifications, other – please be specific)?

Do you have non-medical outdoor skills training (scouts, military service, CMC, other – please be specific)?

Do you have outdoor leadership training (military service, CMC, other – please be specific)?

Outdoor organization membership/leadership (CMC, American Alpine Club, Outward Bound, other)

Other leadership experience (describe)

“I certify that the information presented is true and accurate”

Applicant Signature _____ **Date** _____