Park Ranger Training Program

Northern Arizona University Parks & Recreation Management

Application Packet

Revised October 2012

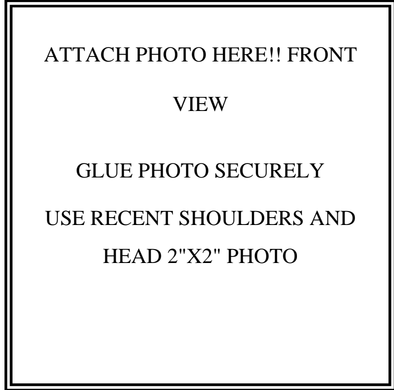
Applications for the program are accepted on a continual basis. Upon receipt, each application is ranked on the following factors: quality of the written application and resume, park-related experience, formal education, and technical training (e.g., EMT, search and rescue, fire suppression). These factors are used to prioritize applications and while they are not "hard and fast" requirements of the program, they are used with the intent to produce graduates that are fully prepared for law enforcement and emergency services positions in the National Park Service. Selections are made approximately five months prior to the start of each session and are conditional upon payment of all fees and an approved medical exam. **The medical exam should only be submitted after acceptance to the program.**

The non-refundable application fee of $150 may be paid by check or money order payable to Northern Arizona University).

Please send this application, a current resume, notarized criminal history checklist, and the application fee to:

Mark J. Maciha, Director
Park Ranger Training Program
Northern Arizona University
P.O. Box 15016
Flagstaff, AZ 86011-5016

Northern Arizona University Park Ranger Training Program Application


ATTACH PHOTO HERE!! FRONT VIEW

GLUE PHOTO SECURELY

USE RECENT SHOULDERS AND HEAD 2"X2" PHOTO

(Please print or tvpe)

I am applying for: (Please check ONE) ☐ Fa11 ☐ Spring Year:_______

I am applying as: (Please check ONE) ☐Credit ☐Non-credit

Name: _______________________________________

Social Security No.: ____

Temporary Address: ____

City: ______________________ State: _______ Zip: _______________

Telephone: (Daytime)_______________________ (Evening) ________________

Email: ____

Permanent Address/Phone (if different from above):

Address: ____

Phone: ( ) ____________________________ Date of Birth: _____________ Age:________

Are you currently a full-time college student? ________ YES______ NO

If yes, NAU? ________ Other college: __________________________________

If you are or were a college student, provide the following:

Major: ____ Minor: ___________________________

College semester hours completed as of application date: _________ Overall GPA: __________

Driver's License Number: _______________________ State:_______ Expiration Date: ________

How did you hear about this program?

I,__________________________________ understand that the Director of the Park Ranger Training Program will make the final determination as to whether I meet the basic qualifications for the Park Ranger Training Program. I also understand that I must clearly and honestly complete the application in order to be considered for the program.

Signature:____Date Submitted:________________________________

RELEVANT EXPERIENCE FORM

1. What are your reasons for wanting to enroll in the Park Ranger Training Program at Northern Arizona University?

2. List any relevant work experience that you may have in the fields of park management, resource management, or recreation.

3. List your special interests or hobbies.

4. Describe your abilities and skill in interpersonal communication, professional attitude, and physical fitness.

NOTE: Attach additional sheets if necessary. Please submit a resume with a list of three (3) references (include addresses and phone numbers).

CRIMINAL OFFENSE CHECKLIST

Full Name (Print): ________________________________

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 sheet. Include, as a minimum, the date of the offense, charge(s), city and state, name of Law Enforcement Agency involved, and final disposition.

The information that I have provided is true and correct. I understand that any misleading or false information is just cause for refusal of this application. I also understand that false information will result in my dismissal from the Park Ranger Training Program.

______________________________ ______________________________

Participant Name (please print or type) Participant Signature

NOTARY INFORMATION

State________________

County______________

Date ____________________

Notary Public_____________

My commission expires ____

Notary Signature ____

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Student Health Data/Medical Exam

Revised October 2012

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 into the program is conditional upon completion of a medical examination and the approval of the examining physician and the program director. (The medical examination will be completed at the applicant's expense and dated no more than 120 days prior to the start of the program.)

STUDENT HEALTH DATA

This information will be used to help assure that you receive proper treatment for any illness or injury that might occur during your training.

NAME OF STUDENT:

______________________ ______________________ ____________________

(Last) (First) (Middle)

Are you taking any medication: Yes ☐ No ☐

If yes, lists the medication and dosage:____

Have you had surgery or been confined to a hospital within the past two years? Yes ☐ No ☐ If yes, are you still under a doctor's care for the condition? Yes ☐ No ☐

If yes, Attending Physician's name and phone number: ___________________________________

Are you allergic to any foods, medication, animals, plant life, insects, etc.? Yes ☐ No☐

If yes, describe: ____

Please ındıcate: Non-Smoker ☐ Smoker ☐ - Heavy ☐Moderate ☐ Lıght ☐

Do you have any religious or personal convictions concerning medical treatment of which we should be aware in obtaining treatment for you? Yes ☐ No ☐

If yes, describe:____

Do you have any special diet requirements? Yes ☐ No ☐

Describe: ____

Do you have any physical or psychological limitations/injuries, recent or old, that might restrict your full participation in physical activities during training? Yes ☐ No ☐

If yes, describe: ____

Please use the reverse side to address any “yes” answers to the questions above and to provide any additional details that would be helpful to medical personnel in the event of an injury or illness while attending the program.

MEDICAL EXAMINATION

(to be completed by physician)

NAME OF STUDENT:

______________________	______________________	______________________
(Last)	(First)	(Middle)

TO THE PHYSICIAN: This physical examination should ascertain any conditions, which may be aggravated by strenuous physical exercise. The student will engage in running, jumping, wrestling, unarmed self-defense and other physically demanding exercises while enrolled in a basic police training course.

Does patient have a medical history of or demonstrate present symptoms of any of the following?

YES	NO	
☐	☐	1. Uncorrected visual deficiency
☐	☐	2. Major impairment of the senses
☐	☐	3. Asthma
☐	☐	4. Breathing difficulties
☐	☐	5. Heart Attack
☐	☐	6. Angina Pectoris
☐	☐	7. Stroke
☐	☐	8. Hemorrhage
☐	☐	9. Hypertension
☐	☐	10. Allergies
☐	☐	11. Dizziness
☐	☐	12. Fainting
☐	☐	13. Backache or injury
☐	☐	14. Chronic earache
☐	☐	15. Pregnancy
☐	☐	16. Communicable diseases
☐	☐	17. Amputation
☐	☐	18. Prosthetic Devices
☐	☐	19. Taking Medication
☐	☐	20. Under physician's continuing care

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.

MEDICAL EXAMINATION (Continued)

NAME OF STUDENT:

______________________________	______________________________	______________________________
(Last)	(First)	(Middle)

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: ____