



ECOMARINE COASTAL KAYAKING SCHOOL

Educating Kayakers Since 1980

APPLICATION FOR INSTRUCTORS

Your Name: _____ Date: _____

Mailing Address: _____

Phone: (Day) _____ (Eve) _____ FAX _____

email: _____

Documentation: **(Please enclose copies)**

____ First Aid Certificate Expiration date: _____

St. John's Wilderness First Aid Other

____ CPR "C" Expiration date: _____

____ CRCA Certification - Level _____

____ VHF Radio Operator Certification date: _____

____ Guide Certification Certification date: _____

____ Driver's License Class 4 Class 5

____ Instructor Certification(s) Type/Date: _____

Other: _____

REFERENCE:

Company name: _____ Contact Name: _____

Address: _____

_____ Phone: _____ FAX: _____

REFERENCE:

Company name: _____ Contact Name: _____

Address: _____

_____ Phone: _____ FAX: _____

REFERENCE:

Company name: _____ Contact Name: _____

Address: _____

_____ Phone: _____ FAX: _____

ECOMARINE COASTAL KAYAKING SCHOOL

OCEAN KAYAKING LOG SUMMARY

Name: _____ Date: _____

The following information is a true record of my experience.

Dates of trip: _____ to _____ Location: _____
Tour Company name: _____ Contact: _____ Phone: _____
Full Guide ___ Asst. Guide ___ Personal ___ Class of water: I ___ II ___ III ___ Arctic ___
Trip Length: Days ___ Miles ___ Group Size ___ Singles ___ Doubles ___ Mixed ___
Comments: _____

Dates of trip: _____ to _____ Location: _____
Tour Company name: _____ Contact: _____ Phone: _____
Full Guide ___ Asst. Guide ___ Personal ___ Class of water: I ___ II ___ III ___ Arctic ___
Trip Length: Days ___ Miles ___ Group Size ___ Singles ___ Doubles ___ Mixed ___
Comments: _____

Dates of trip: _____ to _____ Location: _____
Tour Company name: _____ Contact: _____ Phone: _____
Full Guide ___ Asst. Guide ___ Personal ___ Class of water: I ___ II ___ III ___ Arctic ___
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OCEAN KAYAKING LOG SUMMARY cont.....

Dates of trip: _____ to _____ Location: _____
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Full Guide ___ Asst. Guide ___ Personal ___ Class of water: I ___ II ___ III ___ Arctic ___
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Tour Company name: _____ Contact: _____ Phone: _____
Full Guide ___ Asst. Guide ___ Personal ___ Class of water: I ___ II ___ III ___ Arctic ___
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Tour Company name: _____ Contact: _____ Phone: _____
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Trip Length: Days ___ Miles ___ Group Size ___ Singles ___ Doubles ___ Mixed ___
Comments: _____

I verify that all the information is true and accurate as of this _____ day of _____ 19 ____

Signed _____

Page ____ of ____

INSTRUCTOR APPLICANT QUESTIONNAIRE

Name: _____ Date: _____

1. What personal goals do you wish to attain through your participation as an instructor?

2. Have you previously completed any of the following?

Ecomarine Course -which one(s) _____

Formal Leadership Training -which one(s) _____

3. Have you ever taught the following skills?:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Wet Exit | <input type="checkbox"/> Low brace |
| <input type="checkbox"/> Assisted Capsize Recovery | <input type="checkbox"/> Sweep stroke |
| <input type="checkbox"/> Solo capsized recovery | <input type="checkbox"/> Roll |
| <input type="checkbox"/> High brace | <input type="checkbox"/> Navigation |
| | <input type="checkbox"/> Seamanship |

4. What personal strengths will you bring to the Instructor Team?

5. What personal strengths will you demonstrate to participants?

6. Why does instructing appeal to you?

7. In your opinion what are the three most important things that a first time paddler should know?

8. Tell us more about your personal experiences:

a) Communication Skills: (teaching, working with the public, leadership roles, etc.) _____

b) Other skills: (natural science interpretation, drama, music, art, etc.) _____

9. Are there any limitations you may feel could affect your ability to teach ocean kayaking courses?

Please inform us of any time during the season (May to September) that you will not be available for:

Are there any comments you would like to add in order to aid us in considering your application for instruction at Ecomarine's Coastal Kayaking School:
