



P.O. BOX 449 Tesuque,  
 NM 87574  
 505.983.6158 tel  
 505.983.0460 fax

## TMC Application Form

*Please complete all four pages of this application  
 and email this application along with your resume  
 and cover letter to [tony@themountaincenter.org](mailto:tony@themountaincenter.org)*

The Mountain Center is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, citizenship, disability, marital status, or any legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Name	Do you have a Social Security #? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Submitted
Address	Street	City/State/Zip
Phone:		
Email:		
Driver's License #	State	Restrictions?
What program/position are you applying for?		
How much work are you seeking (hrs or days per week)?	What are your dates of availability?	

*Please use another sheet of paper if necessary and attach any supporting materials you wish.*

### EDUCATION

College and High School	Major Subjects	Dates	Type of Diploma/Certificate/Degree
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### TRAINING, CERTIFICATIONS, LICENSURE

Title	Type	Expiration Date
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## PROGRAM/TECHNICAL/ADMINISTRATIVE SKILLS

*Please rate yourself in the skills below using the following scale:*

**0 – No experience**

**1 – Some Training and Experience**

**2 – Some Experience Leading and or Assisting**

**3 – Competent to Lead**

**4 – Competent to Train Others**

\_\_\_\_\_ Rock Climbing (top roping / lead climbing)

\_\_\_\_\_ High and Low Ropes/Challenge Course

\_\_\_\_\_ Games/Energizers/Icebreakers

\_\_\_\_\_ Initiatives

\_\_\_\_\_ Processing/Debriefing

\_\_\_\_\_ Facilitating Groups

\_\_\_\_\_ Program Planning (multi-day sequencing)

\_\_\_\_\_ Program Planning (single-day itinerary)

\_\_\_\_\_ Belaying

\_\_\_\_\_ Hiking

\_\_\_\_\_ Camping

\_\_\_\_\_ Backpacking (overall)

\_\_\_\_\_ Backcountry Lessons

\_\_\_\_\_ Whitewater Rafting

\_\_\_\_\_ Program Evaluation

\_\_\_\_\_ Youth/Adult Organizing

\_\_\_\_\_ Grant Writing

\_\_\_\_\_ Grant Management

\_\_\_\_\_ Counseling (Therapy)

\_\_\_\_\_ Youth/Adult Outreach

\_\_\_\_\_ Program Management

\_\_\_\_\_ Word/Excel/Other \_\_\_\_\_

\_\_\_\_\_ Risk Management

\_\_\_\_\_ Advocacy Work

*Please describe any other skills you have.*

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*Please describe your writing and administration skills.*

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## POPULATIONS

*Please describe your experience in facilitating special population groups and/or individuals (LGBTQ, Native American, people living with or at risk for HIV/AIDS, incarcerated youth, residential treatment youth, emotionally disturbed youth, sexual violence survivors, sexual violence offenders, etc).*

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## EMPLOYMENT HISTORY

*Please use another sheet of paper if necessary and attach any supporting materials you wish.*

### ***Present Employer***

1. \_\_\_\_\_

Position Held	Responsibilities	dates employed
Organization	Address	City/State/Zip
Organization	Address	City/State/Zip
Organization	Address	City/State/Zip
Name/Title of Supervisor	Phone of Supervisor	Email of Supervisor

### ***Previous Employers***

2. \_\_\_\_\_

Position Held	Responsibilities	dates employed
Organization	Address	City/State/Zip
Organization	Address	City/State/Zip
Organization	Address	City/State/Zip
Name/Title of Supervisor	Phone of Supervisor	Email of Supervisor

3. \_\_\_\_\_

Position Held	Responsibilities	dates employed
Organization	Address	City/State/Zip
Organization	Address	City/State/Zip
Organization	Address	City/State/Zip
Name/Title of Supervisor	Phone of Supervisor	Email of Supervisor

## PROFESSIONAL REFERENCES

1. \_\_\_\_\_

Name	Phone(s)	Email
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2. \_\_\_\_\_

Name	Phone(s)	Email
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3. \_\_\_\_\_

Name	Phone(s)	Email
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4. \_\_\_\_\_

Name	Phone(s)	Email
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## Background Information

Please be advised that pursuant to our contract with the N.M. Children, Youth and Families Department, all contractors, facilitators, and staff of The Mountain Center will require a background check. Existence of a criminal record does not automatically disqualify you from employment.

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I understand that there are four (4) pages to this application. I have read and completed this application in its entirety.

Under penalty of perjury I certify that the above information is true, correct, and complete. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statements. I also understand that if I am hired, my continued employment may be conditioned upon TMC's receipt of satisfactory reports from the New Mexico State Police and other background checks.

Further, I understand and agree that my employment is not for any guaranteed specific period of time but is at will. "At- will employment" means that either an employee or TMC may terminate the relationship at any time. Neither the employee nor TMC need demonstrate cause for termination of the relationship.

I authorize TMC to solicit information regarding my education, previous employment, and similar background information and to contact schools, employers, and other references I have given on my application. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information. If employed, I release TMC from any liability for future references it may provide regarding my employment with TMC.

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**Signature**

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**Date**

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***Please attach a copy of your resume and cover letter to this application.***