

Millersville University
Ropes Course

ROPES COURSE FACILITATOR APPLICATION

TERM APPLIED FOR: _____ DATE OF APPLICATION: ____/____/____

Academic year _____
Summer School _____

NAME: _____ Student I.D. # _____

CURRENT CAMPUS ADDRESS: _____ PHONE: _____
(room & box#, or street & city)

E-MAIL ADDRESS _____

HOME ADDRESS _____

HOME PHONE # (____) _____

CURRENT MU CLASS Freshman ____ Sophomore ____ Junior ____ Senior ____

ANTICIPATED GRADUATION DATE Fall ____ Spring ____

CURRENT MAJOR _____

PRIOR ROPES COURSE OR RELATED EXPERIENCE:

WHY DO YOU WANT TO WORK IN THIS POSITION?

REFERENCES:

1. _____
2. _____
3. _____