# **Outdoor Action Program**

# **LNT & Technical Skills Trainer Application**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class:\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

PART I: Skills and Experience

1. **Outdoor Action Leader Training Requirements**

Have you completed OA Leader Training? Yes No

Who were you Leader Trainers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you led any OA trips? Yes No

**2. Outdoor Action Trips you have been on**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Location | Activities | Leader/  Participant | Comments |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. Do you have any other relevant multi-day Wilderness Experience? If so please list below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dates | Location | Activities | # days | Organization  (NOLS, OB, BSA) | Leader/  Participant/  Personal Trip |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**4. Technical Skills Self-Evaluation:**

Please rate your ability or knowledge in each area on the following scale:

1 = Comfortable w/ co-leader assistance

2 = Comfortable Solo

3 = Comfortable in Difficult Conditions/Bad Weather/Dark

4 = Comfortable Teaching to Others

**1. Tent/Tarp Set-up**

Overall \_\_

Grommets / Tension Pts. \_\_

Bad Weather Tarp Set Up \_\_

**2. Knots**

Bowline \_\_

Truckers Hitch \_\_

Taut-line Hitch \_\_

**3. Bear Bagging \_\_**

**4. Stove Use \_\_**

**5. Stove Repair**

Stove Mechanism Repair \_\_

Pump Mechanism Repair \_\_

**6. Navigation**

Map Reading \_\_

Compass Use \_\_

**8. Equipment – Care & Use**

**Pack Fitting**

Internal Frame \_\_

External Frame \_\_

**Pack Repair \_**\_

**9. Water Management Techniques**

Aqua Mira \_\_

Filter – Platypus (clear) \_\_

## Essay Questions:

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1. **What are your personal or professional objectives for this course? Why are you interested in becoming a Leave No Trace Trainer and a Technical Skills Trainer?**
2. **Describe your previous experience with Leave No Trace principles.**
3. **Describe any teaching experience you have outside of OA (age groups, indoor-outdoor, subjects taught, etc.)**