



## **The University of Lethbridge Archaeological Field School at Head-Smashed-In Buffalo Jump, in Southern Alberta**

This application form is for the University of Lethbridge's archaeological field school at Head-Smashed-In Buffalo Jump (DkPj-1 & DkPj-2) in southern Alberta from June 28 – August 16, 2021.

Nine credits will be awarded for the successful completion of this field school. Accepted students will register in ARKY 3000: Plains Material Culture, ARKY 3300: Archaeological Field Work, Alberta, and Arky 3400: Head-Smashed-In Buffalo Jump in Summer Session II/III at the University of Lethbridge. These courses will be taught by Drs. Shawn Bubel and Kevin McGeough. Students may register for these courses only after they have received notification of acceptance to the field school. For information regarding fees, registration and payment, consult the university *Calendar* at <https://www.uleth.ca/ross/academic-calendar>

Please note that the following course (or its equivalent) is a prerequisite for the field school: Archaeology 1000 (Introduction to Archaeology). Students should have also completed a 3000-level Archaeology course. Due to the limited number of spaces available, preference for admission to the field school will be given to those majoring in Archaeology & Geography and have completed 10 courses, but students of all disciplines are encouraged to apply.

Students and instructors must stay at the field camp for the duration of the excavations at Head-Smashed-In Buffalo Jump. No outside contact is permitted due to COVID-19 concerns. The team will also be required to self-isolate for 14 days prior to departure (June 28-July 11). This period is included in the field school dates; students will begin coursework during this time. Once at the field camp, we will carpool to and from the field site. The field site and camp are remote so anticipate basic camping facilities. Participants must be at least 18 years of age.

### **Fees:**

Tuition (2/3 courses): +/- \$1200/\$1700

Field Camp accommodation and food: TBD

Field school equipment and supplies: TBD

An application fee of \$200 must be submitted with the application form (e-transferred to the U of L Cash Office), which will be deducted from the field school cost.

**Your application form, academic transcripts, letter of reference, essay, and medical form must be received no later than April 16, 2021.**

**All forms are to be emailed to:** Professor Shawn Bubel: [bubest@uleth.ca](mailto:bubest@uleth.ca)

Notification of acceptance will be not later than April 30, and acceptance is provisional based on the Alberta Health regulations at the time. Accepted students must complete the risk and safety session and fill out waiver forms before May 28, 2021.

For further information contact Professor Bubel.

### **Check List**

Items to be sent to Professor Bubel by April 16, 2021

- \_\_\_\_\_ Application form
- \_\_\_\_\_ Medical form including the COVID-19 section
- \_\_\_\_\_ Essay
- \_\_\_\_\_ Academic Transcripts
- \_\_\_\_\_ Letter of reference (sent to Professor Bubel by the referee)
- \_\_\_\_\_ Application fee \$200.00 (E-transferred to the Cash Office)

Items to be completed and/or submitted after acceptance:

- \_\_\_\_\_ Emergency contact form
- \_\_\_\_\_ Orientation session
- \_\_\_\_\_ Successful completion of the Risk and Safety modules
- \_\_\_\_\_ University of Lethbridge waiver of liability
- \_\_\_\_\_ University of Lethbridge photograph and filming waiver
- \_\_\_\_\_ Registration in ARKY 3000, 3300, and 3400
- \_\_\_\_\_ Payment of tuition and remaining portion of field school fees (June 28)

**The University of Lethbridge  
Archaeological Field School  
Head-Smashed-In Buffalo Jump**

Name (last name first): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Student ID: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone number with area code: \_\_\_\_\_

Email: \_\_\_\_\_

Above address effective through what date? \_\_\_\_\_

Address after end of school year (if different than above): \_\_\_\_\_

\_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Country(ies) of citizenship: \_\_\_\_\_

Marital status: \_\_\_\_\_

Occupation or field of study (major): \_\_\_\_\_

**Post-Secondary Education:**

Name of School	Dates Attended	Program of Study	Degree or Diploma received

Fellowships or scholarships previously or currently held:

Name of Scholarship	Date Received

Occupational experience (give names and addresses of last three employers):

Name of Employer or Company	Type of Work done	Dates of Employment

Academic or professional honors, publications, etc.:

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Avocations (hobbies, sports, special interests) and extra-curricular activities (membership in student organizations and academic societies):

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**Archaeological Experience:**

Briefly describe past experiences in archaeological excavations, if any. Give the names of the principal investigators and the dates of participation.

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List the academic courses you have taken in archaeology and the dates:

List the non-academic courses you have taken in archaeology and the dates:

Have you studied, either in academic courses or on your own, any of the following (check where appropriate):

Geography		Lithics	
Physical Anthropology		Zoology	
Ancient Technology		Geology	
Architecture		Botany	
Art History		Ceramics	

**Archaeological Skills:**

Have you ever done any heavy manual labor, e.g., farming, road work, construction, etc.? Please specify.

Do you have any skills or hobbies which require special manual dexterity, e.g., model building, sculpture, painting, ceramics, cabinet making, playing a musical instrument, etc. Please specify.

Do you have special skills or work experience in any of the following areas? (Please check where appropriate).

**Excavating:**

Have you handled any of the following excavation tools?

Measuring tape		Sledgehammer		Plumb bob	
Large pick		Shovel		Hand pick	
Line level		Trowel		Wheelbarrow	
Large sieve		Axe			

**Carpentry and Construction:**

What basic tools have you used?

Hammer		Saw		Other (list):	
Have you ever repaired handles on tools?					
Have you ever worked with cement?					
Have you worked with electrical tools or equipment?					

**Cartography:**

Free hand drawing		Drawing to scale		Drafting	
Mechanical drawing		Layout		Inking	
Other (list)					

**Computing:**

GIS		Access		Excel	
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**Surveying:**

Have used a transit		Total Station		Studied geometry	
Worked on surveying team					

**Conservation of Antiquities:**

Have worked at cleaning stone tools		Restoring broken pottery	
Preserving bones or ivory		Other (list)	

**Photography:**

Have taken pictures professionally		Semi-professionally	
Years of experience:			

**Administrative Skills:**

Typing		Filing	
Bookkeeping		Other (list)	

**Language Skills****Do you speak:**

Blackfoot		French	
Other (list):			

**Machinery Operation and Maintenance:**

Have you worked with generators?			
Diesel engines		Motor vehicles	
What kind of motor vehicles can you drive?			
Class of your Driver's License			
Vehicle Driver's License #			
Date of expiration			

Do you have any other skills or abilities that you think might be useful in archaeological work that have not been mentioned. If so please specify.

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**Camping Experience:**

Head-Smashed-In Buffalo jump is located in a somewhat remote area west of Fort Macleod, Alberta. Following the 14-day self-isolation period, you will be required to camp near the site throughout the duration of the field excavations and will only have access to very basic 'comforts'. Please comment on your camping experience and your ability to excel in such conditions.

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**\*Personal Essay:**

In a short essay format, describe why you want to participate in the excavations at Head-Smashed-In Buffalo Jump this summer. Please include details of your personal history, special interests, future plans, etc. How will your participation benefit you as well as the team? How will you contribute to the archaeological research being done at the site? You may also include any other information not asked for in the application that you feel may strengthen your application package.

Your essay should be 2-3 pages (double spaced). Hand it in with your application form.

**\*Academic Transcripts:**

Download a working copy of your transcripts through your U of L Bridge. Submit them with your application package.

**\*Reference:**

Pass the letter of reference form to the person you selected to complete it. Give the name and email address of the person who is writing a letter of reference for you. This person should be able to discuss your suitability to the field school; addressing your ability to work as part of a team, perform the physical tasks of excavating, succeed in a camp setting, and your commitment to your studies, etc.

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**Person to be notified in case of emergency while at the excavation camp and site:**

Name:	Relationship:
Address:	Phone #:
	Email:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**The University of Lethbridge  
Archaeological Field School  
Head-Smashed-In Buffalo Jump  
Southern Alberta**

**MEDICAL HISTORY AND COVID-19 INFORMATION**

***RPOSE OF MEDICAL FORM***

This form serves to protect you and the Head-Smashed-In Buffalo Jump Archaeological Project by alerting those persons who may not be medically fit for strenuous work and difficult living conditions to reconsider applying. Many people are unaware of how ailments, which are minor in an urban environment, may become significant problems in an isolated and stressful location. Therefore, we ask you, for your own protection, as well as for our assessment, to be completely candid in filling out this form and not to leave out pertinent information, even if you think it may jeopardize your acceptance.

At other archaeological excavations, volunteers have had recurrences of chronic ailments and/or slight physical problems, which affect participation in the dig. As a result, special medical attention of an emergency nature was required and resulted in leave from the excavation site. We are forced to disclaim responsibility under these conditions. **WE THEREFORE SOLICIT YOUR FULL COOPERATION IN FILLING OUT THE FOLLOWING FORM. THANK YOU.**

Name (Last Name First): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Medical/Accident Insurer: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Address of Insurance Co.: \_\_\_\_\_

Note: Many of you likely have the ULSU medical coverage. You can logon to your account through this link: <https://ulsu.ca/health--dental>

**Please Answer All Questions:**

Have you had skin irritations or infections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medication for a skin condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you tan greatly from sun exposure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you allergic to sun block?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had eye infections, glaucoma, or eye surgical procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you use eye drops or any eye medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had ear infections or loss of hearing?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had nasal or sinus infections	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had nosebleeds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had your tonsils removed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you suffer from strep throat or other throat infections?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have diabetes or thyroid disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s) do you take?:				
Have you had a goiter?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had lung infections such as bronchitis, pneumonia, pleurisy or tuberculosis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had lung conditions such as asthma, collapsed lung, or emphysema?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get short of breath when doing daily activities	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you get frequent colds?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you wake up short of breath at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you smoke cigars or cigarettes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a heart murmur or high blood pressure?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have an irregular heart rhythm now, or in the past?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had rheumatic heart disease or a heart attack?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for heart, blood pressure, or high cholesterol?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Have you had colitis or bowel spasms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had your appendix removed or other abdominal surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you had a hernia, ulcers, hepatitis, or gall-bladder illness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take any medications for your intestinal tract?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				
Have you had kidney or bladder infections or kidney stones?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any kidney disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you take medications for your bladder or kidney?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, which medication(s)?:				

Females: Do you suffer severe menstrual cramps?	Yes		No	
Do you take medications for hormonal regularity?	Yes		No	
If yes, which medication(s)?:				
Have you had any gynecologic surgery?	Yes		No	
Have you suffered back injuries, head injuries, or sustained any fractures?	Yes		No	
Have you taken radiation or chemotherapy?	Yes		No	
Have you had anemia or low blood count?	Yes		No	
Do you take medications for anemia of any type?	Yes		No	
If yes, which medication(s)?:				
Have you had fainting spells or unconsciousness?	Yes		No	
Have you had seizures or epilepsy?	Yes		No	
Do you take medications for seizures?	Yes		No	
If yes, which medication(s):				
Do you experience nervousness or have emotional troubles?	Yes		No	
Do you take medications for emotional stability?	Yes		No	
If yes, which medication(s)?:				
Do you experience migraines or other severe headaches (except occasional tension headaches)?	Yes		No	
Do you take medications for your migraines or headaches?	Yes		No	
If yes, which medication(s)?:				
Have you experienced weight loss or gain greater than TEN pounds in the past year?	Yes		No	
Do you have any food intolerances or allergies?	Yes		No	
If yes, please list them:				
<p>If you answered yes to any of the questions above please give details as to date, severity, and any current problems or treatment.</p>				

If you have consulted a physician for any reason in the past 18 months (even for colds, flu, etc.), please give dates, reason, and result.

If you have ever been hospitalized for a major physical or mental illness, surgery, or injury, please give year, reason, and result.

Do you now or have you ever had any allergies or any allergic reactions to drugs, injections, or insect bites?

Yes

No

Give details:

Are you now taking (or have you taken within the last year) any medication or medical treatments, physiotherapy, etc.?

Yes

No

Give details:

Have you ever been in the past year or are you currently restricted by a physician in any physical activities?

Yes

No

Give details:

Have you been in recent contact with any serious infectious diseases (tuberculosis, hepatitis, etc. NOT including COVID-19?	Yes		No	
If yes, give details and dates:				

Do you wear glasses?	Yes		No	
If so, will you need to wear them while you dig?	Yes		No	
Do you wear contact lenses	Yes		No	
If yes, will you wear glasses while excavating?	Yes		No	
Are you colour blind?	Yes		No	

## IMMUNIZATION STATUS

The only immunization that is required is a tetanus booster currently within ten years. Please be sure to indicate date received.

Tetanus Booster Date Received \_\_\_\_\_

## COVID-19

COVID-19 remains a serious concern. All students and instructors are required to self-isolate for 14-days prior to departure to the field camp (June 28-July 11). All students and instructors will remain bubbled for the entire duration of the field excavations (July 12-August 16), with no outside contact.

Due to the fluctuating circumstances surrounding COVID-19, these restrictions may be altered by Alberta Health Services and the Risk and Safety department at the University of Lethbridge, therefore, students must accept and adapt to changing restrictions.

Please answer the following question regarding your previous exposure to COVID-19, vaccinations, and plan to self-isolate.

Have you tested positive for COVID-19?	Yes		No	
If yes, when:				
Have you received a vaccine for COVID-19?	Yes		No	
If yes, give your vaccine date(s) including any scheduled second dose date.				
Explain how you will self-isolate between June 28 and July 11, in detail.				

# **The University of Lethbridge Archaeological Field School Head-Smashed-In Buffalo Jump**

## **REFERENCE FORM**

\_\_\_\_\_ is applying for acceptance to the Head-Smashed-In Buffalo Jump archaeological field school, which runs from June 28-August 16, 2021. The work involves manual labour and academic work at the university level, as well as working in a team setting in a somewhat remote location in southern Alberta. We are, therefore, interested not only in the applicant's intellectual ability and curiosity, but also in their attitude toward work, adaptability to new situations, ability to cooperate with and show consideration for others, thrive in a camp setting, and their maturity. Your reference will be kept in strict confidence.

Please include the following information:

Your Name

Title or position

How long have you known the applicant?

In what relationship?

Please email this completed reference form or a word document with this information to:  
Dr. Shawn Bubel: [bubest@uleth.ca](mailto:bubest@uleth.ca) by **April 16, 2021**.