



OUTDOOR OUTREACH VOLUNTEER APPLICATION

In applying to serve as an Outdoor Outreach volunteer, I agree that I:

1. Am 18 years of age or older
2. Will submit fingerprints for Outdoor Outreach's background check through the Department of Justice

As an Outdoor Outreach Volunteer I will:

1. Represent Outdoor Outreach with professionalism, dignity, and be responsible for conducting myself with courtesy and appropriate behavior.
2. Follow through and complete accepted tasks.
3. Dress and act in an appropriate manner at all times, and be a positive role model.
4. Display respect and courtesy for Outdoor Outreach employees, other volunteers, program participants, and property.
5. Provide a safe environment by not harming youth or adults in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions.
6. Respect the privacy of persons served by the organization and hold in confidence sensitive, private, and personal information. (Reports of child abuse or neglect will be handled as per California State Law and Outdoor Outreach policy.)
7. Keep Outdoor Outreach staff informed of progress, concerns and problems within the program (s) in which I participate.
8. Work cooperatively as a team member with Outdoor Outreach employees and other Outdoor Outreach volunteers.
9. Respect and follow Outdoor Outreach policies and program expectations.
10. Keep personal opinions and actions separate from those made as a representative of this organization.

As an Outdoor Outreach volunteer I will not:

1. Use vulgar or inappropriate language.
2. Solicit gratuities, gifts, or bequests for personal or professional benefit.
3. Use or be under the influence of illegal drugs.
4. Consume or be under the influence of alcohol or consume tobacco at youth events.
5. Discriminate on the basis of race, color, religion, sex, age, national origin, marital status or disability, and, in accordance with University policy, sexual orientation.

***Please check here to signify your agreement with these expectations.**

() Denotes required fields throughout application.*



Personal Information:

*First Name _____ *Last Name: _____
*Mailing Address _____
*City, State, Zip _____
*Date of Birth: _____ *Email: _____
*Day Phone #: _____ Night/Cell#: _____
Employed by: _____ Position _____

Contact Information:

Emergency Contact Information:

*Contact name: _____
*Relationship: _____
*Phone: _____
*Contact 2 name: _____
*Relationship: _____
*Phone: _____

Insurance Information:

*Provider/Insurance Company Name: _____
*Group/Policy Number: _____
Member/Personal ID Number: _____
Provider/Insurance Company Contact
Number: _____

Availability:

What days are you available to volunteer?

Day	Time
<input type="checkbox"/> Monday	
<input type="checkbox"/> Tuesday	
<input type="checkbox"/> Wednesday	
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	
<input type="checkbox"/> Saturday	
<input type="checkbox"/> Sunday	



Skills:

Medical Certifications:

please check any certifications that are current (please be sure to include a copy of any certifications with your application.)

- CPR
- Basic First Aid
- Advanced First Aid
- EMT
- Wilderness First Aid
- Wilderness First Responder
- WEMT-o
- Lifeguard
- ACA Water Safety or Equivalent
- Other Medical Certification: (please specify) _____
 Name of medical certifying organization _____
 Expiration date _____
- CPR certifying organization _____
 Expiration date _____

*Do you speak any languages besides English?

- 1 _____
 Level:
 Beginning
 Intermediate/Conversational
 Advanced/Fluent

- 2 _____
 Level:
 Beginning
 Intermediate/Conversational
 Advanced/Fluent

*General Skills				
Please use the scale below to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced)				
	1	2	3	4
Leave No Trace (LNT)	0	0	0	0
Backcountry Travel Skills (map reading and navigation, route selection, river crossing, off-trail travel, group travel)	0	0	0	0
Camp Skills (campsite selection, cooking/camping stove use, bear bagging, fire building)	0	0	0	0
Outdoor Health and Safety (hypothermia prevention, foot-care, hygiene, water treatment, lightning avoidance, overdue/lost person search)	0	0	0	0
Youth Development (group facilitation, reflection, effective communication, conflict resolution, debriefing, and behavior management)	0	0	0	0
Youth Mentoring	0	0	0	0
Teambuilding / initiatives / adventure games	0	0	0	0
Outdoor Leadership (formal group leadership experience in a multi-day wilderness setting)	0	0	0	0
*Backpacking Skills				
(1 = no experience, 2 = beginner, 3 = intermediate, 4 = advanced)				
	1	2	3	4
Risk Management—mountain hazards (weather, terrain, rockfall, animals, etc.)	0	0	0	0
Group travel on scree, talus, and boulders	0	0	0	0
Group travel on snow	0	0	0	0
Backpack fitting / packing / lifting / removing / load carrying	0	0	0	0
Are you interested in volunteering on backpacking trips?	<input type="checkbox"/> Yes <input type="checkbox"/> No			



*Rock Climbing Skills				
Please use the scale below to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced)				
	1	2	3	4
Instruction (In climbing movement, belaying, knot tying, and commands.)	0	0	0	0
Belay (Can competently belay using an atc and grigri.)	0	0	0	0
Anchor Setting (Has experience building climb anchors (using traditional gear and/or bolts) that meet institutional standards.)	0	0	0	0
Personal Level of Experience	0	0	0	0
Are you interested in volunteering on rock climbing trips? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Mountain Biking				
Please use the scale below to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced)				
	1	2	3	4
Bike Set-Up, basic trailside repairs, bike maintenance	0	0	0	0
Single Track	0	0	0	0
Double Track	0	0	0	0
Shifting, Braking, Turning	0	0	0	0
Climbing and Descending	0	0	0	0
Mt. Biking Instruction (Shifting, braking, turning, balance, body positioning.)	0	0	0	0
Personal Level of Experience	0	0	0	0
Are you interested in volunteering on mountain biking trips? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Surfing				
Please use the scale below to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced)				
	1	2	3	4
Swimming ability	0	0	0	0
Surf Technique Instruction (Paddling, popping up, body positioning, timing.)	0	0	0	0
Water safety skills instruction (Riptides, group management, marine hazards.)	0	0	0	0
Expertise	0	0	0	0
Are you interested in volunteering on surfing trips? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Snorkeling				
Please use the scale below to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced)				
	1	2	3	4
Knowledge of Marine Biology	0	0	0	0
Knowledge and handling of Equipment	0	0	0	0
Personal Level of Experience	0	0	0	0
Are you interested in volunteering on snorkeling trips? <input type="checkbox"/> Yes <input type="checkbox"/> No				
*Snowboarding				
Please use the scale below to rate your skills; select one response for each skill (1=no experience, 2=beginner, 3=intermediate, 4=advanced)				
	1	2	3	4
Carving Turns	0	0	0	0
Stop and start on command	0	0	0	0
Snowboard Instruction (Assessing terrain, hazards, turning, body positioning, stopping.)	0	0	0	0
Ski lift- mount and dismount	0	0	0	0
Personal Level of Experience	0	0	0	0
Are you interested in volunteering on snowboarding trips? <input type="checkbox"/> Yes <input type="checkbox"/> No				



*How did you hear about Outdoor Outreach?

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*Why do you want to volunteer with Outdoor Outreach? What aspects of the program interest you in particular?

*Please describe any special leadership experience:

*Please describe any experience working with youth and/or youth organizations:

Are you interested in helping out with administration duties?

Yes

No

If so please answer the following questions:

*Please describe any experience related to fundraising or event planning:

*Please describe any experience in website editing or computer graphics:

*Do you have any questions about Outdoor Outreach at this time?



Medical History:

*How many times per week do you engage in physical activity (circle one)

None 1 - 2x/week 3 - 4x/week 5 - 7x/week

How do you typically stay physically fit?

General Medical History

	Y	N	N/A
<input type="checkbox"/> *Respiratory problems or asthma	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Gastrointestinal disturbances	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Bleeding or blood disorders	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Hepatitis or other liver disease	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Neurological problems or epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Dizziness or fainting episodes	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Cardiac problems	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Treatment/medication for menstrual cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Disorders of the urinary or reproductive tract	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Other disease	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Do you see a medical or physical specialist of any kind?	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> *Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Muscle/Skeletal Injuries

	Y	N
<input type="checkbox"/> *Shoulder, arm, back injuries (including sprains) and or/operations	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Head injury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Other joint problems	<input type="checkbox"/>	<input type="checkbox"/>

Allergies

	Y	N
<input type="checkbox"/> *Food allergies, dietary restrictions, or vegetarian (if yes, list below)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> *Allergic to insect bites or bee stings	<input type="checkbox"/>	<input type="checkbox"/>



Cold, Heat, Altitude

- | | Y/N |
|--|---|
| *History of Acute Mountain Sickness, High Altitude Pulmonary Edema or Cerebral Edema | <input type="checkbox"/> <input type="checkbox"/> |
| *History of frostbite or Raynaud's Syndrome | <input type="checkbox"/> <input type="checkbox"/> |
| *History of heat stroke or other heat related illness | <input type="checkbox"/> <input type="checkbox"/> |

Medications

- | | Y/N |
|-----------------------------------|---|
| *Allergic to any medications | <input type="checkbox"/> <input type="checkbox"/> |
| *Currently taking any medications | <input type="checkbox"/> <input type="checkbox"/> |

Please list any medications you are taking, the dosage amount/frequency, and any side effects/restrictions

Details

Please explain any "yes" answers from the medical questions above.

I understand that:

- A. The information given above is up to date and correct.
- B. If there is any change to my physical health, I will notify the Outdoor Outreach office and seek professional advice before joining an Outdoor Outreach experience.
- C. I understand the physical demands of an Outdoor Outreach experience and take responsibility for my ability to participate.

*Signature _____

*Date _____



Additional Information:

Y/ N

*Do you use any illegal drugs?

*Have you ever been convicted of a criminal offense?

*Have you ever been charged with child abuse or neglect?

*Has your driver's license ever been suspended or revoked?

*Other than the above, is there any fact or circumstance involving you or your background that

If you answered 'yes' to any of the above questions, explain each in detail before continuing:

Photo and Video Consent/Release:

From time to time we would like to share some of the moments we have preserved on film from our events on the Outdoor Outreach Website, our newsletter, or with the larger community.

Please check the appropriate box below:

- I give permission to Outdoor Outreach to use my photograph or video clips in its promotional materials. This might include distributing photos to newspapers and other media, publishing photos in the organization's printed literature and advertising,
- I do NOT give permissions to Outdoor Outreach to use my photograph or video clips in its promotional materials.

References:

Please list 3 personal references and their contact information below:

Name	Phone Number
1 _____	_____
2 _____	_____
3 _____	_____

I understand that:

A. The information I have provided may be verified, if necessary, by contacting any person or organization that may have information concerning my history and background. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the chartered organization, Outdoor Outreach, its officers, employees, and volunteers.

B. In signing this application, I affirm that the information is true and correct.

Signature of Participant _____

Print Name _____

Date _____



VOLUNTEER/PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Outdoor Outreach, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "OO"), I hereby agree to release, indemnify, and discharge OO, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that outdoor adventure based activities such as rock climbing, surfing, snorkeling, mountain biking, skiing and snowboarding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: climbing and snowboarding-the hazards of walking on uneven terrain and slips and falls; being struck by rockfall, icefall or other objects dislodged or thrown from above; the use of climbing ropes and equipment; the forces of nature, including lightning, weather changes and avalanche; the risks of falling off the rock, mountain or into a crevasse; the risks of exposure to insect bites; the risk of altitude and cold including hypothermia, frostbite, acute mountain sickness; my own physical condition, and the physical exertion associated with this activity. Mountain Biking-accidents involving other bicycles or vehicles; collision with fixed or movable objects; injuries or accidents involving contact with the bicycle; falls from the bicycle; the negligence of other operators of motor vehicles or myself; weather conditions; my own physical condition; the condition of roads, terrain, or highways and accidents connected with their use; contact with animals or insects. Furthermore, OO employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless OO from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of OO's equipment or facilities, **including any such claims which allege negligent acts or omissions of OO.**

4. Should OO or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that I file a lawsuit against OO, I agree to do so solely in the state of California, and I further agree that the substantive law of California shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against OO on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____

Print Name _____

Date _____