



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, disability or sexual orientation.

Please check here to signify your agreement with these expectations.



Personal Information:

First Name _____ Last Name: _____

Mailing Address _____

City, State, Zip _____ Date of Birth: _____

Cell Phone #: _____ Email: _____

Home Phone #: _____ Work#: _____

Employed by: _____ Position _____

Industry/Areas of Expertise: _____

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 Contact Number: _____

Availability:

What is your availability 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	



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
Shifting, Braking, Turning	0	0	0	0
Mountain 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				
**Do you own a mountain bike?				
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
Personal Level of Experience	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				
**Do you own snowboarding gear?				



In addition to the assistant instructor volunteer positions on trips, we are also seeking to expand our organizational capacity by providing opportunities for volunteers to help out, organizationally. Aside from the skills rated in the previous section, what other skills and talents do you have that you would like contribute to Outdoor Outreach?

Please check all that apply:

- Event Planning
- Event Staffing/Tabling
- IT Support
- Development Research
- Outreach/Marketing
- Web Design/Web Maintenance
- Bike Maintenance
- Automotive Maintenance
- Other _____

Please Describe:

We are also looking to form partnerships with people who have extracurricular specialties that might be of interest to our participants. Are you an experienced hobbyist or instructor in Yoga, Martial Arts, Arts, Adventure Racing, or other activities? Please describe.

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:

How did you hear about Outdoor Outreach?

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

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

Muscle/Skeletal Injuries

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

Allergies

- | | Y/ N |
|--|---|
| Food allergies, dietary restrictions, or vegetarian (if yes, list below) | <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 frostbite or Raynaud's Syndrome | <input type="checkbox"/> <input type="checkbox"/> |
| History of Acute Mountain Sickness, High Altitude Pulmonary Edema or Cerebral Edema | <input type="checkbox"/> <input type="checkbox"/> |
| History of heat stroke or other heat related illness | <input type="checkbox"/> <input type="checkbox"/> |



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 would call into question your being entrusted with the supervision, guidance, and care of young people?

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

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, and posting photos on the organization's web site. I waive any right or demand for compensation.
- 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	Relationship	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.

Signature of Participant

Print Name

Date
