

# ***TREKKERS*** Adult Leadership Application

Name of applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Mailing address \_\_\_\_\_

\_\_\_\_\_

Home telephone: \_\_\_\_\_ E-mail address: \_\_\_\_\_



Do you have any medical training? (CPR, Wilderness First Responder, Wilderness First Aid, other)

Briefly describe any experiences that you believe are similar to, or will aid in your participation in TREKKERS.

Briefly describe your history in working with young people.

How do you see yourself becoming involved with the TREKKERS program?

Please give three people as references. (Please do not list relatives.)

Name

Phone number

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

TREKKERS is required to conduct a State Bureau of Investigation check on all its volunteers/hired facilitators who work directly with young people; do you agree to this process? Yes  No

Have you ever been convicted of a felony? Yes  No

If the above answer is Yes, please explain:

Have you ever been convicted of possession, sale or use of drugs? Yes  No

Have you received any traffic violations over the last 3 years? Yes  No

If yes, please list each incident and date when it happened:

*Declaration of Intent*

I declare that all the statements made in this application are true, complete, and correct to the best of my knowledge. By my signature on this document, I give permission for you to contact any of the references provided above. Furthermore, I hereby release all such persons/institutions to furnish this information.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date