



ADVENTURE PROGRAM VOLUNTEER APPLICATION

Name: _____ E-mail: _____
Birth date: _____ Male _____ Female
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Telephone: Primary (_____) _____ Other (_____) _____
Email _____
Best way to contact you (please circle): Phone Email Other _____

Employment Information

Employer: _____ Position/Title: _____
Employer Address _____ Telephone # (_____) _____
City/State/Zip _____
Supervisor's Name _____

Current highest level of Education attained: (circle) High School: 9 – 10 – 11 – 12 College: 1 – 2 – 3 – 4
Graduate School/ Degree Earned: _____
Medical Training: (circle any that you have) RN LPN CPR EMT First Aid Licensed Guide
List other certification or training useful at camp _____

References

Please list 3 references (not relatives) that have knowledge of your character, experience and ability

1. Name _____ Phone (_____) _____
Address _____ City/State/Zip _____
2. Name _____ Phone (_____) _____
Address _____ City/State/Zip _____
3. Name _____ Phone (_____) _____
Address _____ City/State/Zip _____

To volunteer at River Discovery Idaho with teens under 18, you must have a background check.

T-Shirt Size: S M L XL XXL



Additional Information

Please indicate which areas would be of interest to you:

River Guide (licensed) Safety Kayaker* Medical Staff
 Adventure Program Staff Provide Transportation other (explain below)

*Are you a licensed river guide in Idaho? Yes No If yes, what rivers? _____

Have you previously volunteered at a camp? Yes No If yes, when _____ what was your position _____ explain some of your most meaningful experiences: _____

How did you hear about River Discovery? _____

Describe your camping knowledge and experiences. _____

List any special interest, skills, or programs you would be willing to share at camp: _____

Do you play guitar or a musical instrument that you would be willing to play at campfire? _____

What experience have you had with pediatric or adult cancer patients? _____

Describe any experience you've had working with the physically or emotionally disabled: _____

What experience do you have working with teens: _____

Explain briefly why you would like to volunteer at camp: _____

Do you have any special dietary needs? Please explain: _____