



## 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: \_\_\_\_\_