ADAPTIVE ADVENTURES

VOLUNTEER SIGN-UP FORM

FIRST NAME _____ **LAST NAME** _____

MAILING ADDRESS **Street** _____

Apt/Suite _____ **City** _____ **State** _____ **Zip** _____

PRIMARY PHONE _____ **SECONDARY PHONE** _____

EMAIL(s) _____

GENDER **M**____ **F**_____ **DATE OF BIRTH** _____

EMERGENCY CONTACT **First Name** _____ **Last Name** _____

Relationship _____ **Primary Phone** _____

Best Alternate Contact (email, other phone number, etc.)

_____

ASSIGNMENT PREFERENCE **Downhill Skiing** _____ **Cross-country skiing** _____

Kayaking _____ **Cycling** _____ **Water-skiing**_____ **Wakeboarding**_____

Office/Administrative Assistance _____ **Fundraising/Special Events** _____

EDUCATION **High School** _____ **College (major)** _____ **Other** _____

OCCUPATION **Student (under 21)** _____ **Student (over 21)** _____ **Retired** _____

Employed (part-time) _____ **Employed (full-time)** _____ **Unemployed** _____

LICENSED DRIVER **Yes** _____ **No** _____

FIRST-AID TRAINING **Yes** _____ **No** _____ **If yes, please list current or past certifications** _____

Describe previous volunteer experience

Date _____