

GO WEST!!! USA

ADULT VOLUNTEER APPLICATION

GO WEST!!! USA is looking for qualified, positive adult role models to fill our needs as Adult Leaders. We offer 21 day expeditions, as well as shorter excursions in some locations. Our expeditions take place throughout the US, and typically take you between 282 feet below and 11499 feet above sea level. As an Adult Leader, you will be expected to hike as much as 9 miles a day, gaining as much as 3,000 feet of elevation, while working with youth who may have never experienced the outdoors. You need to be prepared to handle the tough parts of the day in a positive manner so the youth learn how to handle their own obstacles with confidence. You will be expected to have current First Aid and CPR certifications as well as Pennsylvania State Police Criminal Background Check and Child Abuse Clearance. Please check here to signify your agreement with these expectations:

Volunteer's Full Name: _____ Today's Date: ____/____/____

Nickname/Preferred Name: _____ Date of Birth: ____/____/____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Social Security # _____

Day Phone: _____ Night Phone: _____ Best to call: Day Night

Occupation: _____ Employed by: _____

Characteristics: Male Female Height: _____ ft _____ inches Weight: _____ lbs

Please tell us how you heard about GO WEST!!! USA :

Experience working with youth and youth organizations:

List any leadership experience:

In some instances, the youth organizations that GO WEST!!! USA works with have a religious orientation. If you would prefer **not** to be scheduled on a trip which may include religious observances such as meal blessings and devotions, please check here:

Name: _____

Medical Certification Expiration Date

- CPR _____
- Lifeguard _____
- Basic First Aid _____
- EMT _____

Ethnicity

In order to better apply for grants and other funding, please check all appropriate boxes. This information will be used solely for said purposes and does not affect your selection as a leader.

- Caucasian/Northern European
- Hispanic/Latino
- African-American
- Asian-American/Pacific Islander
- Middle Eastern/North African
- Native American
- Other _____

Shirt Size

- S M L XL XXL

Please give us the email address of anyone else you would like to refer to GO WEST!!! USA:

Backcountry Skills

How do you stay physically fit?

- Day hiking, no overnight
- Overnight weekend
- One 5-7 day backpacking trip each year
- Several multi-day backpacking trips
- Other _____

Please list the locations of your trips:

Additional Information (Note: If you answer Yes to any of the following questions, please use the space below to explain.)

- | | | |
|---|---|---|
| 1. Do you use any illegal drugs? | Y | N |
| 2. Have you ever been convicted of a criminal offense? | Y | N |
| 3. Have you ever been charged with child neglect or abuse? | Y | N |
| 4. Has your driver's license ever been suspended or revoked? | Y | N |
| 5. Other than 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? | Y | N |

Explain:

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 organization, GO WEST!!! USA, its officers, employees and volunteers.
- B. In signing this application, I affirm that the information is true and correct.
- C. I fully understand the physical demands of a GO WEST!!! USA experience and take responsibility for my ability to participate.

Signature: _____ Date: _____

Volunteer Application

Name: _____

Birth Date: _____ Social Security Number: _____

Blood Type: _____ Medication Allergies: _____

In case of emergency, please list two individuals whom we can contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Insurance Information

Please provide us with your health insurance information.

Provider/Insurance Company Name: _____

Group/Policy Number: _____

Member/Personal ID Number: _____

Provider/Insurance Company Contact Number: _____

General Medical History

- | | | |
|--------------------------|---|---|
| 1. Respiratory problems | Y | N |
| 2. Diabetes | Y | N |
| 3. Hypertension | Y | N |
| 4. Blood Disorders | Y | N |
| 5. Hepatitis | Y | N |
| 6. Seizures | Y | N |
| 7. Dizziness or Fainting | Y | N |
| 8. Cardiac Problems | Y | N |

Muscle/Skeletal Injuries

- | | | |
|--------------------------|---|---|
| 1. Knee, hip or ankle | Y | N |
| 2. Shoulder, arm or back | Y | N |
| 3. Head | Y | N |
| 4. Other joint problems | Y | N |

Personal History

- | | | |
|---|---|---|
| 1. Treatment for mental health | Y | N |
| 2. Currently in treatment or counseling | Y | N |

Allergies

- | | | |
|---|---|---|
| 1. Any allergies | Y | N |
| 2. Food allergies or dietary restrictions | Y | N |
| 3. Allergic to insect bites or bee stings | Y | N |

Medications

- | | | |
|-------------------------------------|---|---|
| 1. Allergic to any medications | Y | N |
| 2. Currently taking any medications | Y | N |

Medication	Dosage(amt/freq)	Side effects

I understand that:

- A. The information given above is up to date and correct.
- B. If there is any change to my physical health, I will notify GO WEST!!! USA.
- C. I understand they physical demands of GO WEST!!! USA and take responsibility for my ability to participate.

Signature: _____ Date: _____

Acknowledgment of Risks and Medical Release Form

In consideration of activities, trips, and associated services provided by GO WEST!!! USA, its employees, officers, volunteers, agents, trustees, contractors and all other persons or entities associated with it (collectively referred to as GO WEST!!! USA), I agree as follows:

Although GO WEST!!! USA has taken reasonable steps to provide me with appropriate equipment and skilled staff for the trip so I can enjoy an activity for which I may not be skilled, I acknowledge that this activity has risks, including certain risks which cannot be eliminated without destroying the unique character of this activity, which can include but is not limited to hiking and backpacking, mountaineering, canoeing, and fishing. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment or other personal property, accidental injury, illness, or in extreme cases, permanent physical or emotional trauma, disability or death. I understand that GO WEST!!! USA does not want to frighten me or reduce my enthusiasm for this activity, but thinks it is important for me to know in advance what to expect and to be informed of the activities' inherent risks. The following describes some, but not all, of those risks.

GO WEST!!! USA groups camp and travel out of doors, where they are subject to numerous risks, environmental and otherwise. GO WEST!!! USA expeditions occur in remote places, a few days from medical facilities. Communication and transportation are difficult and sometimes evacuations and medical care may be delayed.

Meals are prepared over gas stoves. Water often requires disinfection before use. Camping risks and hazards include burns, cuts, diarrhea and flu-like illness, and falling timber.

Travel is by vehicle, canoe, on foot and by other means, over rugged unpredictable off-trail terrain, including boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, and slippery rocks. Attendant risks include collision, falling, capsizing, drowning, and others usually associated with such travel as well as environmental risks.

Environmental risks and hazards include rapidly moving, deep or cold water; insects, snakes, and predators, including large animals; falling and rolling rock; lightning, avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, high altitude illnesses, sunburn, heatstroke, dehydration, and other mild or serious conditions.

Decisions are made by the staff/volunteers and participants in a wilderness setting, based on a variety of experiences, perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Throughout the trip, participants are responsible for their own safety and for the safety of other members of their group.

I am aware that GO WEST!!! USA trips include risks of injury or death to myself. I understand the description above of these risks is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different from other activities and that I have responsibilities as a participant. I acknowledge that the staff/volunteers of GO WEST!!! USA has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I have verified with my physician and other medical professionals that I have no past or current physical or psychological condition that might affect my participation in the course, other than as described on the Medical Form. GO WEST!!! USA has the right to fully rely on this information. However, if my physical, medical or psychological condition changes during the course of an activity, I will immediately alert my guide. I authorize GO WEST!!! USA to obtain or provide emergency hospitalization, surgical or other medical care for me.

I agree that I will accept and abide by all of GO WEST!!! USA's rules and regulations and that violating these rules and regulations could place myself in danger of injury or death.

I agree that this Acknowledgment of Risks and all other aspects of my relationship with GO WEST!!! USA, contractual or otherwise are governed by the laws of the State of Pennsylvania, but not its "conflict of law rules" which might make applicable the laws of another jurisdiction. Further, any suit, mediation, or arbitration arising out of or relating to my enrollment or participation in this course or any other dispute with GO WEST!!! USA must be filed or entered into only in the State of Pennsylvania.

I represent that I am fully capable of participating in this activity, without causing harm to others or myself. Therefore, I, and my parent(s) or guardian, if I am a minor, assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity.

I, and my parent(s) or guardian, if I am a minor, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

I have medical/dental insurance to cover my medical/dental expenses and any medical/dental expenses not covered by my insurance shall be paid by me.

By signing this Acknowledgment of Risks form, and the attached Agreement of Release, I release and hold harmless GO WEST!!! USA, its employees, officers, agents, trustees, contractors, and other persons or entities associated with GO WEST!!! USA from liability for personal injury, property damage or loss, or death.

SIGNATURE: _____ DATE: _____
(Participant)

Photo Release

(Optional)

I hereby grant GO WEST!!! USA, Inc., its licensees, successors and assigns the right to use my name, and the right to photograph my physical likeness, in any manner desired, as well as the right to reproduce and record my voice or other sound effects made by me, in the productions, exhibition, distribution, advertising or other use related to the promotion of GO WEST!!! USA, Inc. I waive any right or demand for compensation.

SIGNATURE: _____ DATE: _____
(Participant)

In Addition: Agreement of Release

The U.S. National Park Service and some other federal land management agencies do not allow service providers such as GO WEST!!! USA to be released by their participants from liability for injuries or other losses occurring on certain public lands. On those lands, GO WEST!!! USA is limited to the Acknowledgement of Risks Agreement, attached. Your course may include travel and activities on these public lands and GO WEST!!! USA seeks additional protection for such travel and activities. GO WEST!!! USA seeks the greatest amount of protection under US National Park Service rules. Please read the following carefully and sign at the bottom:

I have read and I understand the Acknowledgement of Risks agreement, attached, and I confirm its representations and agree to all its provisions as though they were fully set forth again, here.

Except with respect to an injury or loss that occurs on public lands whose rules and regulations prohibit my doing so, I acknowledge and assume all risks of the trip, known and unknown, inherent or otherwise. In addition, I release, discharge, and agree to defend and indemnify the GO WEST!!! USA, Inc., its agents, employees, trustees, officers, contractors and all other persons or entities associated with it (collectively referred to as "GO WEST!!! USA") from all claims and liability for any loss or damage in any way connected with my enrollment or participation in this course. This release of liability includes loss or damage claimed to be caused by the negligence of GO WEST!!! USA. I also agree to protect and indemnify GO WEST!!! USA from claims of loss or injury to persons attempting to rescue me. I understand that in signing this document I surrender my right to make a claim or file a lawsuit against GO WEST!!! USA for personal injury or property damage, wrongful death, or otherwise, except in cases of intentional wrongs or the gross negligence of GO WEST!!! USA.

I further agree that if I have any legal dispute with GO WEST!!! USA which cannot be settled through discussions between the parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Pennsylvania courts as qualified persons for mediation assignments. To the extent mediation does not result in a resolution, I agree to submit the dispute to binding arbitration through the Judicial Arbiter Group located in Harrisburg, Pennsylvania.

I also agree that I will pay all costs and attorneys' fees incurred by GO WEST!!! USA in defending a claim or suit, if the claim or suit is withdrawn by me or to the extent a court or arbitration determines that GO WEST!!! USA is not responsible for the injury or loss.

If one or more portions of this Agreement are held to be unenforceable under applicable law, the parties agree to re-negotiate such provision in good faith. In the event that parties cannot reach a mutually agreeable and enforceable replacement for such provision, then i) such provision shall be excluded from this Agreement, ii) the balance of the Agreement shall be interpreted as if such provision were so excluded, and iii) the balance of the Agreement shall be enforceable in accordance with its terms.

SIGNATURE: _____ DATE: _____
(Participant)