

# Partners In Adventure

Inclusive Camps, Social / Recreational Opportunities for people with disabilities and friends



## Volunteer Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender Preference: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If under 18 years of age:

Name of Parent/Guardian Emergency Contact: \_\_\_\_\_

Cell \_\_\_\_\_ work \_\_\_\_\_ email \_\_\_\_\_

Education: Year in School \_\_\_\_\_ College \_\_\_\_\_ Post Graduate \_\_\_\_\_

Tell us why you want to be a part of Partners in Adventure! \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical or communication challenges? Yes / No if yes please explain

\_\_\_\_\_

\_\_\_\_\_

Tell us your experiences with the following: 1. Never done 2. Some experience 3. Experienced

Biking \_\_\_ Hiking \_\_\_ Swimming \_\_\_ Kayaking \_\_\_ Rock Climbing \_\_\_ Horseback Riding \_\_\_

Any special talents to share with PIA?

\_\_\_\_\_

\_\_\_\_\_

Circle Specific Knowledge or Interests: birds rocks nature animals arts/crafts music science other:

\_\_\_\_\_

Permission to photograph for purposes of publicity, promotion or otherwise: yes / no

\_\_\_\_\_

Signature of Applicant or Parent Guardian

\_\_\_\_\_

Date:

\*High School Students must attach a reference letter of support from their school(teacher, counselor)

Mail to: Partners In Adventure, Inc. PO Box 8190, Essex, Vt. 05451 For questions or concerns

NO APPLICATIONS ACCEPTED BY EMAIL