



VOLUNTEER HIKE ORGANIZER APPLICATION

Please save to your computer and email to:
volunteer@oc-hiking.com or fax 888-350-8884

PERSONAL INFORMATION

FULL NAME: _____ HOME NUMBER: _____

ADDRESS: _____ CELL PHONE: _____

CITY/STATE/ZIP: _____ EMAIL: _____

DRIVERS LICENSE NUMBER, STATE AND EXPIRATION DATE: _____

AUTO YEAR, MAKE, AND MODEL: _____

PLATE: _____ BIRTH DATE: _____ MARITAL STATUS: _____

EMPLOYER AND OCCUPATION: _____

MEDICAL INSURANCE

PROVIDER CONTACT INFO: _____ POLICY NUMBER: _____

MEDICAL INFO

PHYSICIAN PHONE: _____ ALLERGIES: _____

HIKE INFORMATION AND BACKGROUND

HOW MANY OC HIKING CLUB HIKES ATTENDED: _____ HOW DID YOU FIND OC HIKING: _____

WHY WOULD YOU BE A GOOD ORGANIZER: _____

WHAT TYPES OF HIKES/WALKS/EVENTS WOULD YOU LIKE TO ORGANIZE:

Beginner to Moderate Wildflower walks/hikes Out of town hikes Advanced hikes Peaceful mind yoga hikes

Other, please explain: _____

LOCATION OF HIKES YOU WOULD LIKE TO ORGANIZE: _____

OTHER HIKING CLUBS YOU HAVE BEEN INVOLVED IN: _____

QUALIFICATIONS OR SKILLS THAT WOULD MAKE YOU A GOOD ORGANIZER: _____

DO YOU HAVE EXPERIENCE WORKING AS A VOLUNTEER: _____

DO YOU HAVE EXPERIENCE WORKING WITH GROUPS: _____

DO YOU HAVE ANY LAWSUITS: _____

DO YOU HAVE ANY PHYSICAL IMPAIRMENT: _____

ARE YOU WILLING TO ATTEND TRAINING CLASSES AND HIKE ORGANIZER MEETINGS: _____

DO YOU HAVE ANY CONCERNS ABOUT BEING A HIKE ORGANIZER? IS SO, PLEASE LIST THEM: _____



FULL NAME: _____ CELL NUMBER: _____
ADDRESS: _____ EMAIL: _____
CITY/STATE/ZIP: _____ RELATIONSHIP: _____

APPLICATION CHECKLIST:

- FILL OUT ONLINE PROFILE INFO (ON MEETUP)
- ATTACHED CURRENT HEALTH INSURANCE
- SIGNED OC HIKING CLUB WAIVER

ONCE YOU ARE APPROVED WE WILL NEED A BRIEF PROFILE AND PICTURE TO POST ON:

<http://www.oc-hiking.com/> meet us page

AO WAIVER:

I AGREE TO AND HAVE SIGNED THE ATTACHED OC HIKING CLUB WAIVER AND RULES

NAME: _____

SIGNATURE: _____

DATE: _____