



Idaho Trails Association | P.O. Box 165, Boise, Idaho 83701
www.idahotrailsassociation.org

Volunteer Application

Thank you for choosing to volunteer for the Idaho Trails Association!

Your volunteer commitment will help keep Idaho's hiking trails safe, sustainable, and enjoyable. Before the real work begins, we need to make sure we have enough information about your experience and personal needs to ensure that your volunteer commitment is fun, safe, and rewarding.

Participant Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (1): _____ Phone (2): _____

E-mail: _____

Idaho Trails Association
Volunteer Application Continued

Personal Medical & Health Information¹

Personal Medical Information:²

Is applicant covered by a hospitalization and medical care policy? YES NO

Insurance company: _____

Policy number: _____

Insurance company phone: _____

Blood type: _____

Doctor: _____ Doctor phone: _____

Doctor city: _____ State: _____ Zip: _____

Personal Health Information:

Volunteer work may require strenuous physical activity. Please specify physical limitations that may limit your activities. This information will be used to place you in safe and appropriate work settings. Limitations do not automatically exclude you from participating. Personal health information will be shared only with Idaho Trails Association project leaders and emergency medical personnel, if required.

Does the participant have any condition (mental, physical, emotional or otherwise), which might affect the participant's health or well-being, the well-being of others, or affect the participant's ability to engage in Idaho Trails Association activities?

YES NO

If so, please list conditions, including any previous physical injuries, surgeries, etc.:

Please let us know if your health status changes after you sign up!

¹ Please understand that although Idaho Trails Association staff may review your health information and accept your registration, ultimately, it is the participant's (and parent/s of minors) responsibility, in consultation with their physician, to determine if Idaho Trails Association activities are an appropriate match for them. Participants understand that they share in the responsibility for their own safety and the safety of others on the trip.

² While it is optional to provide your health insurance, doctor contact information and blood type, the Idaho Trails Association strongly recommends that you provide this information in case of a serious medical emergency and we are unable to reach your emergency contact.

Idaho Trails Association
Volunteer Application Continued

Personal Medical & Health Information Continued

Known allergies and reactions (include foods, medications, bites, stings, environmental allergies, etc.):

Allergies:	Reactions:	Will you bring allergy medication?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any current prescription medications (exclude vitamins and herbs), the condition being treated, dosage, frequency of dosage, side effects, and effects of a missed dose:³

Dietary Preferences & Restrictions

Dietary Preference:

Omnivore

Vegetarian

Vegan

Do you have any other dietary restrictions?

³ You are required to self-administer medication. You must inform the project leaders where you store these medications while on the project in the event of an emergency.

Idaho Trails Association
Volunteer Application Continued

Outdoor & Professional Experience

Have you volunteered for the Idaho Trails Association before? YES NO

Have you ever been employed by the Forest Service, Bureau of Land Management, National Park Service, or other land management agency? YES NO

Do you have any trail maintenance experience? YES NO

If so, what type, and which tools are you familiar with?

Do you have any experience with pack stock? YES NO

Do you have any hiking experience?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Regular multi-day backpacking |
| <input type="checkbox"/> Day hiking | <input type="checkbox"/> Mountaineering & climbing |
| <input type="checkbox"/> Occasional weekend backpacking | |

Do you have any camping experience?

- | | |
|--|---|
| <input type="checkbox"/> Car camping | <input type="checkbox"/> Regular backcountry camping |
| <input type="checkbox"/> I have pitched a tent once or twice | <input type="checkbox"/> I have camped all four seasons |
| <input type="checkbox"/> Occasional backcountry camping | |

Do you maintain a current certification in any of the following areas?

- | | |
|--|---|
| <input type="checkbox"/> Crosscut saw | <input type="checkbox"/> Wilderness first aid |
| <input type="checkbox"/> CPR | <input type="checkbox"/> First responder |
| <input type="checkbox"/> Basic first aid | |

Do you have any experience camping in bear country? YES NO

Idaho Trails Association
Volunteer Application Continued

Release & Indemnity Agreement

The undersigned, in consideration for being able to participate volunteer trail projects sponsored by the Idaho Trails Association (“ITA”), taking place on the date of execution of this agreement and thereafter, hereby acknowledges that this Release Agreement (“Agreement”) constitutes a legal and binding contract between me and the ITA. By executing this Agreement, I hereby acknowledge the following:

- (1) I acknowledge that this Volunteer Registration Form contains complete and accurate information and will contact the ITA if any medical or health condition changes before the start of the trip.
- (2) I acknowledge that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to myself or others, and/or can result in my dismissal from the trip.
- (3) I understand that although ITA representatives may review my health information, ITA cannot anticipate or eliminate risks or complications posed by my mental, physical or emotional condition.
- (4) I am aware that projects sponsored by ITA involve the construction and maintenance of trails and recreation facilities, and that participation in these projects poses certain dangers, including, but not limited to, the hazards of traveling in and hiking in wilderness and often steep mountainous terrain, using hand or motorized construction tools (and of working in the proximity of such tools when used by others), injury or illness in remote places without medical aid, lifting and working on often narrow and precipitous trails and unforeseen events caused by the forces of nature.
- (5) Trail work, hiking or other physical activities can be dangerous. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death and I have evaluated my ability and the status of my health in deciding to participate in ITA volunteer projects.
- (6) ITA has no control over and takes no responsibility for trail conditions, trail steepness, weather, elevation or wildlife that I may encounter or the effects of such upon my person or the person of any minor that is subject to this Agreement.
- (7) ITA is not providing me or anyone accompanying me transportation to or from the trailhead, food, water, clothing or medical aid.
- (8) My mode of transportation is my choice and at my expense.

Further, by executing this Agreement:

- (1) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby RELEASE, INDEMNIFY AND HOLD HARMLESS ITA, its officers, agents, employees, volunteers, other participants WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of or damage to person or property associated with my presence or participation in the volunteer project activities or from any activities related to the event.
- (2) I KNOWINGLY AND FREELY ASSUME ALL THE RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE ITA, ITS AGENTS, EMPLOYEES, OTHER PARTICIPANTS or others, and assume full responsibility for my participation.
- (3) I hereby acknowledge this Agreement applies to all events arising in connection with ITA volunteer project activities and applies to all ITA volunteer project activities occurring between January 2011 and December 2011.
- (4) I hereby acknowledge I have read this Agreement and understand each and every provision of it. I further understand that I am giving up substantial rights by signing this Agreement but have done so voluntarily.

Participants signature: _____ Date: _____

Participants printed name: _____

Release & Indemnity Agreement Continued

**For Parents/Guardians of Participants of Minority Age
(under age 18 at the time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, this participant and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to this participant's involvement or participation in these programs as provided above, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's printed name: _____