

**The Woods Project, Inc.**  
**Volunteer Leader Application**

Thank you for your interest in being a volunteer leader in The Woods Project youth wilderness education program. It is our goal to match the skills and interests of our leader candidates with the groups we will be bringing on trips. We also want to ensure a safe environment for participants and leaders. Please take some time to print or type your detailed responses to the following questions. Feel free to attach extra pages where necessary. If you have any questions about how to complete this form, please contact Mary Harvey, Manager of Staff and Student Recruiting at [marynharvey@gmail.com](mailto:marynharvey@gmail.com) or Ellen Schwaller at [eschwaller@gmail.com](mailto:eschwaller@gmail.com).

The Woods Project leaders typically are also certified as leaders under the Sierra Club's Inner City Outings (ICO) program as well. Many leadership roles at The Woods Project require leaders to have certain ICO certifications. As such, you may complete some fairly similar paperwork in order to be qualified under both programs.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Business phone: \_\_\_\_\_ May we call you at work? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (Month/day/year)

Driver's License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Emergency Contacts: (name, phone #, address)

1) \_\_\_\_\_  
\_\_\_\_\_

2) \_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ Plan number: \_\_\_\_\_

I am currently a Sierra Club member **Yes or No (circle one)**

If yes, my Sierra Club Membership # is: \_\_\_\_\_ Membership Expiration Date: \_\_\_\_\_

How did you hear about The Woods Project? What, if any, interaction have you had to date with ICO or The Woods Project?

Are you in good physical health? **Yes or No (circle one)**

Are you able to complete a five mile strenuous hike at 10,000 feet? **Yes or No (circle one)**

If no to one or both of the above questions, list any conditions that might limit your active participation in ICO.

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What certifications do you currently hold?

\_\_\_\_\_ OLT 101 (date of certification) \_\_\_\_\_

\_\_\_\_\_ OLT 201 (date of certification) \_\_\_\_\_

\_\_\_\_\_ Wilderness First Aid (date of certification) \_\_\_\_\_

\_\_\_\_\_ Wilderness First Responder (date of certification) \_\_\_\_\_

\_\_\_\_\_ Other (describe training and dates) \_\_\_\_\_

The Woods Project has opportunities for leaders that range from base camping to five night backpack trips in wilderness areas. Please indicate your interest by checking some or all of the following statements.

\_\_\_\_\_ I am interested in basecamping with dayhiking opportunities

\_\_\_\_\_ I am interested in weekend backpack trips

\_\_\_\_\_ I am interested in longer backpack trips

\_\_\_\_\_ I am interested in planning and organizing trips

\_\_\_\_\_ I am interested in teaching youth in the following subjects \_\_\_\_\_

\_\_\_\_\_ I also am interested in being involved in the following activities:

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Identify previous or current volunteer experiences you have had as an adult that may be relevant to your roles as a leader for The Woods Project. Please include the name of the organization, the timeline of your commitment, and the roles you served.

Briefly describe previous experience you have had working with youth.

**Reference Check**

Please provide contact information for three references (other than friends or relatives):

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you know anyone who is currently an ICO or The Woods Project volunteer? **Yes or No (circle one)**

**If yes, who?** \_\_\_\_\_

The Woods Project, Inc, performs a background check of criminal history and child abuse registry information (but not credit information) on all potential leaders, solely to determine an applicant's suitability. We hold the information in strictest confidence.

*I certify that the information given herein is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for termination of service.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature (if under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Witness's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The Woods Project, Inc.**  
**Background Check Notification and Authorization**

**Notification to Volunteer Applicants:** This is to inform you that criminal history and child abuse registry information is being obtained through various agencies, including the Texas Department of Safety, the Texas Department of Family and Protective Services, and/or the National Crime Information Center. This information may be obtained at any time during the application process or during your ongoing volunteer relationship with The Woods Project, Inc.

**Authorization.** In connection with my volunteer leader application for The Woods Project, Inc., I hereby authorize The Woods Project, Inc. to perform a background investigation on me and research my driving record and criminal history, except for records that have been erased or expunged in accordance with law. I authorize without reservation any law enforcement agency, governmental agency, court, or other source to furnish the above information as requested by The Woods Project, Inc. in connection with my application for volunteer services on this date and periodic reviews in the future. I understand that a background check is a consumer report that is covered under the Fair Credit Reporting Act, and I have received a copy of my rights under the FCPA. I understand that I have the right to request a free copy of any report that is generated by my background investigation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's signature (if under age 18) \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses' signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this application and the Background Check and Authorization, and mail them to Ellen Schwaller, 6 Sleepy Oaks Circle, TX 77024, email to her at <a href="mailto:eschwaller@gmail.com">eschwaller@gmail.com</a> , or fax them to her attention at 832-565-1107.
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