



Trip Coordinator/Volunteer Application to Participate

Full Name: _____ **SS#** _____

Mailing Address: _____

Home Phone: (_____) _____ **Cell Phone:** (_____) _____

Gender: Female Male **Email:** _____

Current Occupation: _____ **How Long:** _____

Education Completed: High School Currently at University Bachelors Masters PhD

Major/Minor: _____

Have You Ever Been Arrested: Yes No

If yes, please explain: _____

Emergency Contact:

Name: _____ (_____) _____ *home*

Relationship: _____ (_____) _____ *cell*

(_____) _____ *work*

Character References: Please include name, address, and phone number

Name:

Address:

Phone:

1.		
2.		
3.		

Hobbies & Skills:

Experience with Youth:

How did you hear about Grand Canyon Youth?

Volunteer Policy

Grand Canyon Youth is a nonprofit program designed to provide youth with an experiential education along the rivers and in the canyons of the Colorado Plateau in an effort to promote environmental awareness, community involvement, personal growth and teamwork among people of diverse backgrounds.

As a GCY Trip Coordinator, you will be working directly with a group of youth in a river setting. In determining whether a volunteer applicant will be considered for an on-river placement, due consideration will be given to past and present factors in health, personality and availability which Grand Canyon Youth Board Members & personnel will deem appropriate. The information you have provided in this application will remain confidential within the Board & personnel at GCY.

Trip Coordinators are expected to help facilitate some pre-trip, on-river and post-river activities as well as act in the role of chaperone for the youth on the river working in conjunction with the professional guides and other teacher/sponsors and volunteers. Trip Coordinators can expect to have support from the GCY staff in the execution of these expectations.

I do herein affirm that all the foregoing answers are true and complete to the best of my knowledge. I hereby authorize Grand Canyon Youth to contact my references and to further ask questions concerning my criminal history as necessary.

Signature: _____ Date: _____

Health Information Form

The information provided in this form is shared only with our staff and is vital to assuring that we can provide the best care for you while on program. Please fill out the form completely and advise us of any changes to your medical condition prior to your Grand Canyon Youth program departure.

Name: _____

Height: _____ Weight: _____ Date of Birth: _____

Physician Information:

Physician's Name: _____ Phone Number: (____) _____

Medical History:

Are you currently experiencing or have you ever had any of the following:

(If yes, please describe on a separate sheet)

Heart Condition	Yes	No	Currently Pregnant	Yes	No
Chest Pain/Pressure	Yes	No	Diabetes/Hypoglycemia	Yes	No
Recurrent Shortness of Breath	Yes	No	Headaches/Migraines	Yes	No
Asthma /Respiratory Condition	Yes	No	Gastrointestinal Problems	Yes	No
Recurrent Dizziness/Fainting	Yes	No	Urinary Tract Problems	Yes	No
Blood Disorder/Disease	Yes	No	Seizures/Epilepsy	Yes	No
Blood Pressure Problems	Yes	No	Depression/Anxiety	Yes	No
Muscular/Skeletal Disorder	Yes	No	Severe Allergies	Yes	No
Sleep Disorder/Walking	Yes	No	Past Head Injury	Yes	No

Other (specify): _____

Have you ever had surgery or been hospitalized overnight? Yes No

If yes, please specify: _____

Activity limitations: _____

Allergies -List ALL, especially anaphylactic (must provide own epi-pens):

Special diet: (i.e. vegetarian)_____

Medications: *List any prescription medications currently being used. Attach additional sheet if necessary.*

Medication:	Purpose:	Dosage:	Frequency:

IMPORTANT: BRING AN EXTRA SET OF MEDICATION TO BE CARRIED IN CASE OF LOSS/DAMAGE.

Health Information Form Continued

Are you currently undergoing professional counseling that GCY should know about or have you been diagnosed with an emotional/psychiatric disorder?

No Yes If yes, please explain _____

Insurance Information:

You are responsible for any medical expenses.

Insurance Company Name: _____

Policy Holder: _____

Policy Number: _____ Group Number: _____

Phone Number: (_____) _____

Medical Release for: _____

In the event of an accident or illness which requires emergency care, I hereby give permission to the attending medical personnel to administer medical care as may be necessary for my health and safety.

Signature

Date

Participant Agreement, Release & Assumption of Risk

In consideration of the services of Grand Canyon Youth, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "GCY"), I hereby agree to release, indemnify, and discharge GCY, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that going on a guided river trip and all other activities related to participation in a GCY program entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: whitewater rapids and turbulent water, river currents will be encountered. I can be jolted, jarred, bounced and shaken about during rides through some of these rapids. It is possible that I could be injured if I come in contact or collide with storage containers, boat frames, oars, oarlocks or other fixed equipment necessary to the operation of the expedition and the outfitting of the raft. Rafts could capsize or I could be "washed" overboard into the water. I can slip or fall during a hike, at camp or on a boat, resulting in damage to equipment or personal injury. Accidents can occur getting on and off the raft. Rafts are slippery when wet. Exposure to the natural elements can be uncomfortable and/or harmful. I am aware that this exposure could cause sunburn, dehydration, heat exhaustion, heat stroke, heat cramps and death. Prolonged exposure to cold water can result in cold shock or hypothermia and in extreme cases can cause death and accidental drowning. GCY is not responsible for the acts of nature, including but not limited to contact with flora & fauna. Furthermore, GCY employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction. In addition, there are risks involved in traveling to and from the river or other destinations as well as completing the necessary pre-trip requirements such as but not limited to community service and fundraising requirements. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate regardless of the risks.

1. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless GCY from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of GCY's equipment or facilities, including **any such claims which allege negligent acts or omissions of GCY.**
2. Should GCY or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
3. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating and I agree to bear the costs of such injury or damage to myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
4. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against GCY on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Signature of Participant _____ Date _____

Print Name _____

Address _____ Phone _____

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)**

In consideration of _____ (print minor's name) ("Minor") being permitted by GCY to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless GCY from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian Signature _____ Date _____

Printed Name _____