



SELWAY-BITTERROOT FRANK CHURCH FOUNDATION VOLUNTEER REGISTRATION PACKET



SUMMER 2013



Photo: Rachel Kaufman
Indian Ridge, Selway-Bitterroot Wilderness

"...in Wildness is the preservation of the World." – Thoreau

Thank you for choosing to volunteer with the Selway-Bitterroot Frank Church Foundation!

You are about to experience one of the most spectacular and wild regions of the United States, and help take care of the place along the way. Whether you are signing up to work on trails, inventory campsites, eradicate invasive weeds, caretake a cabin or lookout, cook, pack, or any work on any other project, your volunteer service is essential to caretaking this national treasure. The work you donate today will keep the Selway-Bitterroot Wilderness and Frank Church-River of No Return Wilderness wild for decades to come.

REGISTRATION OVERVIEW

- **Please complete one set of forms for each participant.**
- **Acceptance:** Once the SBFC has received and processed your forms you will receive a status confirmation letter or e-mail indicating that you are a confirmed member (or on the waiting list) for a project. Please allow a maximum of four weeks to process your registration.
- **Submit form to SBFC:** Please submit this form by the project RSVP date (find dates online or in our annual Volunteer Guide). Please call 406-329-3603 with questions. Mail or e-mail this form to:

Selway-Bitterroot Frank Church Foundation

P. O. Box 8103

Missoula, MT 59807

volunteer@selwaybitterroot.org



Photo: John McCarthy
Dan Ridge, Selway-Bitterroot Wilderness



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www.selwaybitterroot.org

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PARTICIPANT INFORMATION

*required information

FULL NAME*: _____ DATE OF BIRTH*: _____

MAILING ADDRESS*: _____

CITY, STATE, ZIP*: _____

PHONE #1*: _____ PHONE #2: _____

E-MAIL*: _____

_____ INITIAL: I authorize the SBFC to use my contact information to send project information and updates. Additionally, I authorize the SBFC to distribute my contact information to coordinate rides, gear, etc. with other volunteers.

Emergency Contact (person not attending the same project):

FULL NAME*: _____ RELATIONSHIP*: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE #1*: _____ PHONE #2: _____

E-MAIL: _____

PROJECT INFORMATION

*required information

- Please review the Project Information Forms for the specific projects that you are interested in before registering. Project Information Forms are available online at www.selwaybitterroot.org.
- Please register for no more than three projects per registration form. Add extra forms for additional projects.
- The Selway-Bitterroot Frank Church Foundation will process your registration and attempt to place you on all projects indicated. If you would like to attend only one project please register for only one project. In the event that your one project is full and you would like to attend a different project, please list your second choice as an alternative project.

Please register me for the following projects:

TASK (if applicable)
CREW COOK PACKER

1ST PROJECT NAME*: _____ 1ST PROJECT DATES*: _____

2ND PROJECT NAME: _____ 2ND PROJECT DATES: _____

3RD PROJECT NAME: _____ 3RD PROJECT DATES: _____

I WOULD LIKE TO BE ON A PROJECT WITH (LIST NAME(S)): _____

Waiting Lists & Alternative Projects: In the event that you cannot be placed on the project(s) listed above, you will automatically be added to the waiting lists for those projects. You can also choose two "back-up" or alternative projects (in addition to being included on the waiting list for the projects above).

1ST ALTERNATIVE PROJECT NAME: _____ 1ST ALTERNATIVE PROJECT DATES: _____

2ND ALTERNATIVE PROJECT NAME: _____ 2ND ALTERNATIVE PROJECT DATES: _____

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PERSONAL MEDICAL & HEALTH INFORMATION

*required information

Personal Medical Information:

IS APPLICANT COVERED BY A HOSPITALIZATION AND MEDICAL CARE POLICY?: YES NO

INSURANCE COMPANY: _____ POLICY NUMBER: _____

INSURANCE COMPANY PHONE NUMBER: _____ BLOOD TYPE: _____

DOCTOR NAME: _____ DOCTOR PHONE: _____ DOCTOR TOWN: _____

While it is optional to provide your health insurance, doctor contact information and blood type, the Selway-Bitterroot Frank Church Foundation strongly recommends that you provide this information in case of a serious medical emergency and we are unable to reach your emergency contact.

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 Selway-Bitterroot Frank Church Foundation 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 SELWAY-BITTERROOT FRANK CHURCH FOUNDATION ACTIVITIES? TELL THE TRUTH...* YES NO

IF SO, PLEASE LIST CONDITIONS*: _____

Include any previous injuries to ankles, knees, back, etc. and any recent surgeries. Please let us know if your health status changes after you sign up!

WHAT DO YOU DO TO STAY IN SHAPE?*: _____

KNOWN ALLERGIES AND REACTIONS* (INCLUDE FOODS, MEDICATIONS, BITES, STINGS, ENVIRONMENTAL ALLERGIES, ETC.):

ALLERGY	REACTION	WILL YOU BRING ALLERGY MEDICATION?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

CURRENT MEDICATIONS* (INCLUDE PRESCRIPTIONS, EXCLUDE VITAMINS AND HERBS):

MEDICATIONS	CONDITION	DOSAGE & FREQUENCY	SIDE EFFECTS	EFFECTS OF MISSED DOSE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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. The participant or parent(s) of a minor participant acknowledges that this Volunteer Registration Form contains accurate information, and will contact the Selway-Bitterroot Frank Church Foundation if any medical or health condition changes before the start of the trip. The participant or parent(s) of a minor participant acknowledges that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to the participant or others, and/or can result in the participant's dismissal from the trip. The participant or parent(s) of a minor participant understand that the participant's ability to participate is contingent upon the Selway-Bitterroot Foundation's review of all forms, including this one. **The participant or parent(s) of a minor participant understand that although Selway-Bitterroot Frank Church Foundation representatives may review participant's health information, the Selway-Bitterroot Frank Church Foundation cannot anticipate or eliminate risks or complications posed by the participant's mental, physical or emotional condition.**

Please understand that although the Selway-Bitterroot Frank Church Foundation 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 Selway-Bitterroot Frank Church Foundation 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.

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OUTDOOR EXPERIENCE INFORMATION

*required information

Outdoor Experience Information:

HAVE YOU VOLUNTEERED WITH THE SELWAY-BITTERROOT FRANK CHURCH FOUNDATION BEFORE?: YES NO

IF SO, WHEN AND WHICH PROJECT(S)*: _____

DO YOU HAVE ANY TRAIL MAINTENANCE EXPERIENCE?: YES NO

Please note that previous trail maintenance experience is **not** a prerequisite for participating on a project.

IF SO, WHAT TYPE, AND WHICH TOOLS ARE YOU FAMILIAR WITH?: _____

DO YOU HAVE ANY HIKING EXPERIENCE?: YES NO

IF SO, WHAT KIND?: ONLY DAY TRIPS OCCASIONAL WEEKEND BACKPACKING
 REGULAR MULTI-DAY BACKPACKING IN MY OFF TIME, I'M A SHERPA ON MOUNT EVEREST

DO YOU HAVE ANY CAMPING EXPERIENCE?: YES NO

IF SO, WHAT KIND?: CAR CAMPING ONLY I'VE PITCHED A TENT OFF THE TRAIL ONCE OR TWICE
 MULTIPLE BACKCOUNTRY TRIPS PER YEAR MY TENT IS MY HOUSE

DO YOU HAVE ANY CAMPING EXPERIENCE IN BEAR COUNTRY?: YES NO

DIETARY RESTRICTIONS & PREFERENCES

*required information

Dietary Restrictions & Preferences:

Some of our volunteer projects are fully catered by volunteer Selway-Bitterroot Frank Church Foundation cooks. Other projects require you to bring all your own food. Some projects may have group meal options organized by the volunteer group partnering with the Selway-Bitterroot Frank Church Foundation. This information will help Selway-Bitterroot Frank Church Foundation Foundation cooks and/or volunteer group planners prepare meals that are hearty, healthy and well-balanced that everyone can enjoy.

WHAT DO YOU CONSIDER YOURSELF*?: OMNIVORE (meat/veggie eater) VEGETARIAN (no meat) VEGAN (no meat or dairy)

WHAT OTHER DIETARY RESTRICTIONS DO YOU HAVE*?: _____

If you have any other food restrictions, you must contact the Selway-Bitterroot Frank Church Foundation to inform us. **Yes, we will have coffee.** We will do our best to accommodate your preferences, but if you have a highly restrictive or specialized diet we ask that you be willing to supplement meals with your desired or needed food. Please note that **not all** volunteer projects have food provided. Please refer to the Project Information Forms for details about whether or not meals are provided, or contact the Selway-Bitterroot Frank Church Foundation at 406-329-3603.

All participants must sign this document. For participants under 18 years of age, one parent or legal guardian must also sign. Selway-Bitterroot Frank Church Foundation volunteers may be covered for tort claims and injury compensation by the U. S. Forest Service under the Selway-Bitterroot Frank Church Foundation's sponsored volunteer agreement with the U. S. Forest Service. Tort and injury coverage are conditional upon volunteers working within prescribed safety limits and protocols. At the beginning of each project a Job Hazard Analysis document, which reviews safety concerns and protocols for the project, will be reviewed with all participants. Each participant must sign the Job Hazard Analysis after the review. Refusal to sign the document will result in dismissal from the project. The Selway-Bitterroot Frank Church Foundation reserves the right to remove any participant from a project for any reason. By signing this document, I acknowledge that I have carefully read and, understand this document. By signing this document, I also authorize the Selway-Bitterroot Frank Church Foundation to use my/my child's photo for sale or reproduction in any manner that the Selway-Bitterroot Frank Church Foundation desires, for advertising, display or other uses.

PARTICIPANT'S SIGNATURE _____ **PRINT NAME** _____ **DATE** _____

PARENT/GUARDIAN'S SIGNATURE _____ **PRINT NAME** _____ **DATE** _____