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Please list your previous work experience. Please list paid and/or volunteer experience. Include name of work place and major responsibilities.

(Attach additional sheets if necessary)

1.

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2.

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3.

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Please list any extracurricular activities or awards:

1.

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2.

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3.

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1. Why do you want to become an WRLT Student Conservation Council (SCC) Member and what would you expect to gain from the experience?

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2. Please describe any special training, skills or interests you have which may enhance your service as a WRLT SCC Member.

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3. How did you hear about WRLT?

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4. Anything you'd like to tell us that we didn't ask?

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References:

Please list three personal references (excluding relatives) who have known you for at least one year. Local references preferred. Include name, phone number, email and how you know them (i.e. friend, coach, teacher etc.) so that we may contact them.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor? No Yes

**Applicant Authorization and Agreement**

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, and character, if applicable. I understand that any false information or omissions may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date. I certify that all the statements I have made on this application are true, correct and complete to the best of my knowledge. I understand that requested information is the sole purpose of gathering accurate information for volunteer services at WRLT. This information will not be shared to those outside the SCC, Advisory Committee, Wood River Land Trust Board of Directors and staff.

I have read and understand the above and by my signature consent to these statements.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 PRINT NAME

Please return this form to:  
 Attn: SCC  
 Wood River Land Trust  
 119 E. Bullion Street  
 Hailey, ID 83333  
 Fax: 208-788-5991  
 Email: [plousen@woodriverlandtrust.org](mailto:plousen@woodriverlandtrust.org) or [cstoesz@woodriverlandtrust.org](mailto:cstoesz@woodriverlandtrust.org)

Please fill out next two pages. We will carry these on all outings in case there is an emergency. Sorry for the duplication of some information.

# Wood River Land Trust

## Emergency Information

1. Student's Name	Home phone : Cell phone:
2. Parent/guardian Mailing Address	Work phone : Cell Phone: Email Address:
3. Parent/guardian	Work phone: Cell Phone: Email Address:
4. Doctor	Phone:

*In case of emergency and the parents/guardians cannot be reached, please notify:*

Name and Phone numbers: _____
Name and Phone numbers: _____

### Emergency Medical Treatment Procedure and Consent for Treatment

It is the general policy of THE WOOD RIVER LAND TRUST to transport to the local emergency room any student who is injured while in our care and requires emergency treatment. We will follow this general policy if the person in charge judges that a delay in securing treatment would not be in the best interests of the child. Whenever possible, parents will be notified and asked to take their child to their family physician for medical treatment.

**YES**, I would like the above procedure followed for \_\_\_\_\_

In the event I cannot be reached, I hereby authorize the calling of our family physician, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Signature of Parent(s) \_\_\_\_\_ Date: \_\_\_\_\_

**NO**, I do not want the above policy followed for \_\_\_\_\_

I prefer the following procedure:

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Signature of Parent(s): \_\_\_\_\_ Date: \_\_\_\_\_

Medications and or Allergies:

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**Photo Waiver and Assumption of Risk Release**

I/we \_\_\_\_\_, in consideration of the educational benefit provided to my child, \_\_\_\_\_, on behalf of myself/ourselves and my/our child, release, waive, hold harmless and forever discharge Wood River Land Trust, its officers, directors, employees, volunteers, independent contractors, agents and/or representatives of any kind, from any and all liability for all actions, all bodily injury and property damage claims, demands, or damages accruing to me/us resulting from any known or unknown injury, loss, or damage to person or property, or death, together with any attorney's fees and costs of litigation. We also grant the Wood River Land Trust permission to use, without compensation, names and photographs of the student in publications and other promotional programs.

**Please have both parents or guardians sign below**

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

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