

J.U.M.P. Outdoor Leadership Volunteer Form

Name: _____ Age: _____
(Omit if over 21)

Address: _____
Street or PO Box

Address: _____
City or Town State

Phone No.: _(Home)_____ (Work)_____

Email: _____ Preferred Method of contact: _____

Yes, I would like to volunteer or participate in training. I understand that J.U.M.P. would pay for the training and that I would make a good faith effort to co-lead two trips in two years.

I am interested but need more information.

Current Skills Inventory Certifications or formal training:

First Aid Wilderness First Aid Emergency Medical Technician

Formal Outdoor Leadership Training informal Outdoor Leadership Training
(Identify training organization)

Please list any experience that involves working with youth.

none of the above but willing to learn.

Refer a friend

Include their name and contact information here or take a form for their use.
