

Backpacking Leader Application

Sierra Club, Ventana Chapter
Gay, Lesbian, Bisexual, Transgender, Intersex & Queer Sierrans
GLS Activity Section

Name: _____ Sierra Club Number: _____
(Attach copy of membership card)

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Mobile Phone: _____ Preferred Email _____

Are your **GLS Dues** paid for the current year? _____

Wilderness First Aid Certification

Certifying institution/instructor: _____
Certification Date: _____ Certification Expires: _____
(attach copy of both sides of certification card)

Name of your Backpacking-Mentor: _____

Backpacking Co-Leads

1. Location _____
Date Scouted: _____ Outing Date: _____
Outing Leader: _____ Type of Outing: _____

2. Location _____
Date Scouted: _____ Outing Date: _____
Outing Leader: _____ Type of Outing: _____

What Types of backpacking trips would you like to lead for GLS? (Please request separate form for Outings Leader Certification)

What special skills or experiences do you feel enhance your capacity to be a backpacking leader?

I promise to follow all Sierra Club and GLS policies and rules. I realize that it is my responsibility to have all participants sign in on outings & backpacking trips I lead, for insurance reasons. Sierra Club insurance covers me for liability: it is not medical insurance.

Applicant Signature: _____ Date: _____

GovCom Action: _____ Date: _____