

Outing 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? _____

First Aid Certification

Certifying institution/instructor: _____

Certification Date: _____ Certification Expires: _____

(attach copy of both sides of certification card)

Name of your Leader-Mentor: _____

Outing 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 Activities would you like to lead for GLS? (Please request separate form for Backpack Leader Certification)

What special skills or experiences do you feel enhance your capacity to be an outings 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 I lead, for insurance reasons. Sierra Club insurance covers me for liability: it is not medical insurance.

Applicant Signature: _____ Date: _____

GovCom Action: _____ Date: _____