

GRAND CANYON TRUST VOLUNTEERS HEALTH STATEMENT

When complete, please send to:
Volunteer Program-Grand Canyon Trust, 2601 N. Fort Valley Road, Flagstaff, AZ 86001

Thank you for your interest in this GCT Volunteer Opportunity! Please take the time to share this information with us:

Project Name _____ Dates _____

CONTACT INFORMATION

Name _____

Phone (day) _____ (eve) _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Age category > 18 19-45 46-60 61+

Are you a member of the Grand Canyon Trust? Yes No If yes, year you became a member? _____

Have you volunteered on any GCT projects in the past? Yes No If so, which project? _____

Do you have any special skills or training? _____

When you volunteer with the Grand Canyon Trust we now offer a free membership opportunity!

Sign me up for a free 1 year gift membership with the Trust! Yes No

As a member, I am interested in being a part of the action alert network sent by email Yes No

How did you hear about us?

Friend or relative GCT Website GCT recruitment event GCT educational event GCT member

Volunteer newsletter GCT Advocate Citizen Stewardship Website

Citizen Stewardship Group (please specify) _____ other (please specify) _____

HEALTH QUESTIONNAIRE

As a part of our ongoing efforts to match volunteers with each trip, we are asking all registrants to answer the questions below when applying for trips. Your responses will remain confidential. Your participation is subject to our receipt of this form and approval by GCT Volunteer Program staff.

Physical Condition—Describe your regular exercise activities.

Backpacking Experience (if applying for a backpacking trip) -- Please provide the following information about your recent experience: Dates and locations, distances hiked (total and longest day), total elevation gain and loss, and maximum weight carried. (Experience is not required, but this information helps us match volunteers with appropriate trips).

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____
 Contact Phone (day) _____ (eve) _____

ARE YOU CURRENTLY EXPERIENCING OR HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	Yes	No		Yes	No
Heart Problems/ heart attack			Recurrent/ frequent headaches		
Chest pain/pressure			Ulcer/ stomach problems		
Overweight			Urinary tract problems		
Frequent shortness of breath			Musculo-skeletal problems		
Asthma/respiratory problems			Hepatitis		
Frequent dizziness			Seizures		
Frequent fainting			Hospitalization/surgery (w/in the last yr)		
High blood pressure			Currently pregnant		
Depression/ anxiety					
Diabetes					

For any boxes checked yes, please explain the severity and any medications or treatments you use to manage the condition.

Do you take any other medications? If so please list and explain their purpose. Also please notify trip leader of any that you will bring and where you will keep it.

List any allergies/anaphylaxes (including medications, foods, bites, and stings).

List any dietary needs or preferences and extreme dislikes (vegetarian, lactose intolerant, need coffee, etc.)

Is there any other information that we should know about you?

AGREEMENT

In an emergency situation where I am unable to communicate my preferences, I give permission for anesthesia, surgery, or other emergency medical care that might be necessary. I understand the rigorous nature of the trip. I understand that professional medical attention could be several hours or several days away. I understand that I will be held responsible for the cost of an evacuation if I require one. I understand the importance of this form and have answered all the statements fully and truthfully. The GCT will not share any of this confidential information.

Signature _____ Date _____