



For Office Use Only:
 ___ Interview
 ___ Checked references & background

14617 N. Newport Hwy Ste 7 phone: (509) 467.5550
 Mead, WA 99021 fax: (509) 483.0448

Applicants are required to:
 be a minimum of 13 years of age
 Enclose a \$16 background check fee (non refundable)
 Peak 7 Adventures will also process a Federal Criminal Background Check of all potential volunteers.

VOLUNTEER APPLICATION

PERSONAL INFORMATION

DATE: _____

NAME (LAST NAME FIRST)		REFERRED BY	
PRESENT ADDRESS	CITY	STATE	ZIP
CELL PHONE	HOME PHONE	EMAIL	

GENERAL INFORMATION

VOLUNTEER OPPORTUNITIES DESIRED <input type="checkbox"/> Rafting <input type="checkbox"/> Ascent <input type="checkbox"/> Climbing <input type="checkbox"/> Other: _____		ARE YOU AT LEAST 13YRS OLD? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A FELONY <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, EXPLAIN (FELONLY)	

CERTIFICATIONS

RAFTING

DATE/EXPIRATION DATE

CERTIFIED BY

WASHINGTON RAFT GUIDE CERTIFICATION		
WHITEWATER OR SWIFT WATER RESCUE TECH		

ASCENT

WILDERNESS FIRST AID (WFA)		
WILDERNESS FIRST RESPONDER (WFR)		
WILDERNESS EMT		

CLIMBING

SINGLE PITCH INSTRUCTOR		
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ALL PROGRAMS

C.P.R		
FIRST AID		

OTHER CERTIFICATIONS

REFERENCES (Professional and/or Ministry contact)

NAME	ADDRESS	PHONE	RELATIONSHIP	YEARS KNOWN

Peak 7 Adventures is a faith based organization. As such Peak 7 will allocate volunteers based on the applicant's willingness to comply with Peak 7's Mission. If you cannot comply with the Mission statement volunteer opportunities will be limited.

Our Mission

Peak 7 exists to provide a first-rate outdoor adventure experience that engages youth spiritually, physically, mentally and emotionally to help them realize their true potential.

Our Vision

Peak 7 Adventures is guided by the Core Characteristics as we seek to live out the Vision Statement.

Core Characteristics:

Serve youth

- We provide opportunities for all youth to participate in programs regardless of race, gender, religion, ethnicity, or socio-economic status.

Challenge participants

- We facilitate wilderness adventure programs which enable participant's to overcome their perceived limits.

Ensure safety

- We are committed to following and enforcing rigorous safety standards.

Inspire hope & reveal the Creator

- "I lift my eyes to the mountain, where does my help come from? My help comes from the Lord, the maker of heaven and earth." Psalm 121:1-2

Yes I have read and will comply with the mission statement of Peak 7 Adventures.

I hereby declare that all statements contained in the application are true and correct to the best of my knowledge and I understand that false or inaccurate information in the application will be the basis for termination of volunteer opportunity. I hereby authorize Peak 7 Adventures to investigate my background and verify my information. I understand my failure to report when I agreed to will be the basis for termination of volunteer opportunity.

Applicant's Signature

Date

Applicant's Guardian's Signature if under 18

PLEASE ENCLOSE COPIES OF ANY CERTIFICATIONS.

Mail Application to the address below.



14617 N NEWPORT HWY STE 7, MEAD, WA 99021 • WWW.PEAK7.ORG

By Law #3.3 Statement of Faith The Board of Trustees has adopted the following Statement of Faith:

1. We believe the Bible to be the inspired, the only infallible, authoritative Word of God. (II Timothy 3:15-17)
2. We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit (Matthew 28:19)
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory. (John 1:1-4; Philippians 2:5-11; Acts 1:11 & 2:22-24)
4. We believe that, for the salvation of lost and sinful man, repentance of sin and faith in Jesus Christ result in regeneration by the Holy Spirit and that Jesus Christ is the only way of salvation. (Titus 3:4-7, Ephesians 2:8-9, John 14:6, Acts 4:12; Luke 24:46-47)
5. We believe in the present ministry of the Holy Spirit, whose indwelling enables the Christian to live a godly life. (Galatians 5:16-18; Romans 8:9)
6. We believe in the resurrection of the saved and the lost, the saved unto the resurrection of eternal life and the lost unto the resurrection of damnation and eternal punishment. (Revelation 20:11-15; I Corinthians 15:51-57)
7. We believe in the spiritual unity of believers in our Lord Jesus Christ and that all true believers are members of His body, the Church. (Ephesians 1:22-23; I Corinthians 12:12 & 27)
8. We believe that the ministry of evangelism is a responsibility of both the Church and each Christian. (Romans 10:9-15; Acts 1:8; Matthew 28:17-20; I Peter 3:15)

Signature: _____ Name: _____ Date: _____

PEAK 7 ADVENTURES PROTECTION OF CHILDREN – RELEASE FORM
Please Read Carefully

Peak 7 Adventures is committed to the welfare of children and opposes all forms of child exploitation and child abuse, including sexual abuse. In order to safeguard children, Peak 7 Adventures screens all staff, board of directors, volunteers and interns. This screening will consist of a background check for identification (e.g. social security and address check) and for criminal arrests or convictions related to child abuse, pedophilia, sexual assault or any other related criminal offense that Peak 7 Adventures determines, in its sole discretion, may jeopardize the safety of children. This form must be completed in order to provide written authorization for Peak 7 Adventures to initiate the background check. Any arrest or conviction for child abuse, pedophilia, sexual assault or any other related offense would result in non-selection for an employment or volunteer position.

In identifying the residential address history of an individual, it is necessary to obtain credit bureau reports. Peak 7 Adventures will not utilize, or make available to any other party the individual's credit history or any other information pertaining to the individual's credit.

Applicant Authorization and Consent For Release Of Information

This release and authorization acknowledges that Peak 7 Adventures may conduct and receive a criminal history record search on any and all information pertaining to me which may be in the files of any Federal, State, Local, or Municipal criminal justice agency and credit bureau reporting agency.

I have read and understand this release and consent, and I authorize the background verification.

I authorize any and all agencies to provide Peak 7 Adventures with all information requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge Peak 7 Adventures and their agents and assignees to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint that could be filed with any court or agency arising from the retrieving and reporting of my information. According to the Federal Fair Credit Reporting Act and upon written request, I am entitled to know the information obtained and to receive a copy of the public record and a copy of the nature and scope of the investigative report.

Confidential Information for Positive Identification Purposes Only:

Last Name, First Name, Middle Initial

Today's Date

Signature

Maiden last name if applicable

Street Address

Social Security Number

City, State, Zip Code

Date of Birth

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of **Peak 7 Adventures**, guides, their agents, owners, officers, principles, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "**Peak 7 Adventures**"), I hereby agree to release, indemnify, and discharge Peak 7 Adventures, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

RISK MANAGEMENT POLICY

We believe young people seek adventure. Peak 7 Adventures provides opportunities for exploring new activities in a structured manner. Risk management is an essential element of the activities we offer, and we observe reasonable and standard precautions. We conduct our programs according to practices and procedures recommended by professional organizations in the field of Outdoor Education. Our risk management program includes specific criteria for staff selection, training, written policies and procedures, and supervision and review of practices. While we anticipate our professional supervision will ensure the well-being of each camper, we are also aware that it is not possible to foresee every contingency or to eliminate all risk.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

I understand that the Peak 7 Adventures experience, whether a single-day or multiple-day trip, may involve activities and group living arrangements and interactions that may be new to me or my child, and that these experiences come with certain risks and uncertainties beyond what I or my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of myself or my child. I realize that no environment is risk-free, and so I have instructed my child on the importance of abiding by Peak 7 Adventures rules, and my child and I both agree that I, he or she will obey Peak 7 Adventures rules and the rules of the group's leaders. I understand that Peak 7 Adventures activities occur in diverse terrain and weather conditions, and sometimes in remote backcountry areas. I authorize myself or my son/daughter to participate fully in all of Peak 7 Adventures activities. These activities include, but are not limited to backpacking, hiking, biking, canoeing, kayaking, caving, rock climbing, rappelling, swimming, rock/bridge/cliff jumping, mountain biking, mountaineering, show shoeing, snowboarding, camping, snow camping, rafting (including white water and tubing). All of these are physical activities that involve risk of personal injury, including both emotional and physical injury up to or including paralysis or death; as well as damage to personal property. I understand that Peak 7 Adventures cannot safeguard against all such injuries, and I expressly agree to assume such risk and waive, release, save and hold harmless Peak 7 Adventures, its officers, agents, employees, and any federal, state or local agencies which have jurisdiction over lands or properties upon which Peak 7 Adventures programs operate, from any claim of liability, settlement, judgment, award or cost of defense and attorneys' fees, including negligence, except gross neglect, by Peak 7 Adventures for any loss, damage, or injury incurred during the program(s) for which I or my son/daughter is participating. I attest that I/my son/daughter has been fully informed of the program activities and agrees to participate. I agree to fully disclose all physical, mental and emotional conditions that could impact the safety or success of the program. I certify that I am willing to assume the risk of any medical condition I or my son/daughter may have. I certify that I have adequate insurance to cover any injury or damage I or my son/daughter may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. It is agreed that any dispute or cause of action arising between the parties, whether out of this agreement or otherwise, can only be brought in a court of competent jurisdiction located in Spokane County, Washington and shall be construed in accordance with the laws of the state where the trip occurred. In addition, I understand and accept the Terms of Agreement as stated in this waiver. If any portion of this agreement is found to be invalid or not enforceable by a court of proper jurisdiction, the remainder of the agreement shall nevertheless remain valid and fully enforceable.

TERMS OF AGREEMENT

Rules and Regulations: Participants will be expected to commit to a verbal contract at the beginning of the program. This contract will include a commitment to guidelines of behavior for the safety and well being of the individual and group. These include the prohibition of all forms of tobacco, alcohol and illegal drugs, cooperation with group leaders and other members of the group, and the commitment to not become involved in cliques and mutually exclusive one-on-one relationships and excessive displays of affection. The trip leaders will handle discipline problems in the manner that they see fit, according to industry guidelines. If a participant is dismissed for the well being of the program or for failure to cooperate, parent/guardian(s) will be called and are responsible to pick up their child immediately and at their own expense. No refund will be given.

Equipment: The parent/guardian is responsible for and agrees to reimbursement for loss of or willful destruction by the participant of any equipment belonging to Peak 7 Adventures. Peak 7 Adventures will not be responsible for any participant's possessions that are lost or stolen while he/she is on the trip.

Model Release: I authorize and agree to the reasonable and proper use by Peak 7 Adventures of any and all photographs/videos/statements by, of or about my child. AS Revised 2/06

I acknowledge that this agreement applies to all future events of Peak 7 Programs until cancelled or replaced in writing.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.
(Must be completed by all PARTICIPANTS regardless of age)

Signature of Participant _____ Print Name _____ Date ___/___/___
Date of Birth ___/___/___ Date of Trip ___/___/___ Email _____
Address _____ City _____ State _____ Zip _____
Emergency Contact _____ Phone _____-_____-_____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION
(Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by **Peak 7 Adventures** to participate in its activities and to use its equipment and facilities, I represent that the Medical History Information that I have carefully filled out below is true, accurate and current, and I further agree to indemnify and hold harmless **Peak 7 Adventures** from any and all claims, liability, damages, causes of action, expenses or costs associated with or which are brought by me, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

*Name of Minor: _____
*Name of Parent/Guardian: _____ Spouse Name: _____
*Address: _____ City: _____ State: _____ Zip: _____ *Email: _____
*Signature of Parent/Guardian: _____ *Date: _____

Name of participant: _____

Participant Medical History

Please list any current health conditions (If None, please state "NONE"):

Please explain any significant injuries, including treatment (If None, please state "NONE"):

Are there any fears, special needs, or recent events in the participant's life that may impact his/her experience or behavior during outdoor activities? If so, please explain in detail. (If None, please state "NONE"):

Do you feel that any aspect of the participant's mental or physical health may endanger him/herself, the guides, or other members of the group? Are there any activities that may physically or mentally cause too much exertion or anxiety on the participant? If so, please explain in detail. (If None, please state "NONE"):

Are there certain situations, conditions, allergies, foods allergies, or medications that may trigger a negative reaction in the participant? (If None, please state "NONE"):

Does the participant have a history of any of the following medical conditions?

- | | |
|--|---|
| <input type="checkbox"/> fainting | <input type="checkbox"/> headaches |
| <input type="checkbox"/> seizures | <input type="checkbox"/> stomach aches |
| <input type="checkbox"/> panic/anxiety attacks | <input type="checkbox"/> asthma or other breathing problems |
| <input type="checkbox"/> Other _____ | |

Check this box if you would like to receive our newsletter: I would like to be added to your mailing lists

Additional Medical Information for Overnight Trips Only

Current Height: _____ Weight: _____ Date of last physical exam: ___/___/_____
Doctor's Name: _____ Phone Number: ___-___-_____

Please list any medications that the camper will take, and any possible side effects that may occur.

Please list the date and reason for any hospitalizations and surgeries.

Does the participant suffer from any form of sleeping disorder (including insomnia or bed wetting)?

Yes No

If so, please explain and give usual precautions/ treatment:

I certify that the above information is true and accurate according to the best of my knowledge.

Participants' Name (Parent/Guardian if under 18): _____

Signature: _____ **Date:** ___/___/_____