

# Outdoor Empowerment

*Bridging the Gap Between Inner-city and Outer limits.*

Instructor Notes:

Approval:

For office use only

## APPLICATION FORM FOR INDIVIDUALS

### PART I: GENERAL INFORMATION

NAME (Last) \_\_\_\_\_ (First) \_\_\_\_\_ MI \_\_\_\_\_ GENDER (Circle One) M F  
ID# \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

#### CONTACT INFORMATION

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TEL. (Hm) (\_\_\_\_) \_\_\_\_\_ (Wk) (\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

#### EMERGENCY CONTACT INFORMATION

NAME/RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
TEL. (Hm) (\_\_\_\_) \_\_\_\_\_ (Wk) (\_\_\_\_) \_\_\_\_\_  
EMAIL \_\_\_\_\_

### PART II: BACKGROUND INFORMATION

Please answer the following questions.

Have you ever been convicted of a felony (Circle One) Y N If yes, explain \_\_\_\_\_

1. In the space provided, please describe any prior outdoor experience you have.

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2. Do you feel you work well with others? Please explain.

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3. Why are you interested in this program?

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4. How did you hear about us?

- Parent
- Teacher
- Counselor
- Internet
- Other ? \_\_\_\_\_

PLEASE SEND COMPLETED APPLICATION TO: Outdoor Empowerment  
PO Box 35463  
Syracuse, NY 13235