

Personal Information Form

Please provide the following information to assist with planning & logistics. **All fields are required – do not leave blanks. If a field is inapplicable to you, please clearly indicate with “n/a.” Please print very clearly (no cursive).**

Personal Information

| | | |
|-------------------------------|---------------------------------|----------------------------|
| 1a. First Name | 1b. Middle Name | 1c. Last Name |
| | | |
| 2. Date of birth (DD/MM/YYYY) | 3. Personal Mobile Phone Number | 4. Preferred Email Address |
| | | |

Emergency Contact Information

| | | |
|--|------------------|------------------|
| 5a. Name of Primary Contact (First & Last) | 5b. Relationship | 5c. Phone Number |
| | | |
| 6a. Name of Secondary Contact (First & Last) | 6b. Relationship | 6c. Phone Number |
| | | |

Personal Insurance, Field Experience, & Safety Training

| | | |
|-------------------------------|----------------------|--------------------------|
| 7a. Insurance Carrier/Company | 7b. Policy/ID Number | 7c. Contact Phone Number |
| | | |

8. Briefly describe your relevant experience in field activities.

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| 9a. Subject | 9b. Course Name & Provider | 9c. Approx. Date of Completion |
|-------------------|----------------------------|--------------------------------|
| First Aid | | |
| CPR | | |
| AED | | |
| Defensive Driving | | |
| Water Safety | | |
| Other | | |

Name (printed): _____

Signature of Participant: _____ Date: _____