



City of Phoenix

PARKS AND RECREATION DEPARTMENT

Building healthy communities through parks, programs, and partnerships



2008

Adult Volunteer Application

**River rafting adventure/mentoring program for
Phoenix-area residents 14 – 20 years of age,
with and without disabilities.**

Return completed application by March 14, 2008 to:

**River Rampage
1946 W. Morningside Dr.
Phoenix, Az. 85023**

(Applications will be accepted after March 14th for as long as slots are still available.)

This application can be provided in an alternate format upon request.
Call 602-262-4543 (Voice), 602-534-2491 (TT), or 602-534-1537 (FAX).

RIVER RAMPAGE

Adult Volunteer Application

(Please print legibly in blue or black ink. DO NOT USE PENCIL)

Please fully complete these forms and return them to our office by March 14, 2008. Attach separate sheets if you need more room. Thank you!

Background/General Information

Full Name _____ Nickname _____

E-mail _____ Gender F M Age ____ Date of birth _____

Address _____

City _____ Zip _____

Home telephone _____ Business telephone _____

Pager number _____ Cell phone number _____

Employer _____ Position held _____

Supervisor's name and phone number _____

May we contact your present employer? (Circle one) Yes No

For City of Phoenix staff only:

In which Department/Division do you work? _____

What is your Interoffice mailing address? _____

Primary Language _____ Secondary Language _____

Secondary language skill level: (beginning) 1 2 3 4 5 (fluent)

Please circle yes or no to the following. Have you:

Ever been charged with neglect, abuse, assault or other crimes against a minor? Yes No

Ever been convicted of a criminal offense? Yes No

Ever had your driver's license suspended and/or revoked in any state? Yes No

If you answered YES to any of these questions, give details including when, where, and the outcome. Use additional paper if necessary.

How did you hear about River Rampage? (Please be specific.) _____

Tee shirt size (circle one) S M L XL XXL

Information required to properly fit floatation devices: Height _____ Weight _____
All passengers must weigh 250 pounds or less and have a waist/chest size of 52 inches or less (maximum dimensions allowed for Coast Guard-approved life jackets.)

Do you use cigarettes or other tobacco products? Yes No
If you do, please note that you must be willing/able to abstain from using tobacco for the entire length of a River Rampage trip, and during all River Rampage-associated events.
(Use of tobacco products is prohibited in the River Rampage program.)

The following is requested for program evaluation: (Please check all that apply to you.)

[] Asian/Pacific Islander [] African American [] Caucasian
[] Native American [] Hispanic [] Other _____
Tribal Affiliation _____

References

Please give names and addresses of three persons (other than relatives) who have knowledge of your character, experience and ability. Local references are preferred!

REFERENCE NAME	HOME PHONE (WITH AREA CODE)	WORK PHONE (WITH AREA CODE)	RELATIONSHIP	YEARS KNOWN

Have you ever volunteered before? If so, where and when? _____

Youth participants are required to perform 40 hours of volunteer work to “earn” their trip, and Mentors/ Sidekicks are asked to guide and support them in their efforts. Please list some of your ideas for volunteer projects that you would be able to plan and coordinate for teens.

Employment History

Please list your last two employers, beginning with the most recent.

Employer's name _____ Nature of business _____
 Address _____
 Telephone _____ Your title _____
 Supervisor's name and phone _____
 Employment dates (month/year) From _____ to _____
 Describe your work _____

Employer's name _____ Nature of business _____
 Address _____
 Telephone _____ Your title _____
 Supervisor's name and phone _____
 Employment dates (month/year) From _____ to _____
 Describe your work _____

Education

School attended	Last year completed	Major areas of study	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Related Training/Certifications

Completion date	State		Current?	
_____	_____	Red Cross First Aid _____ Standard _____ Advanced _____ Instructor	Y	N
_____	_____	CPR _____ 4 hour Adult _____ Child _____ 8 Hour Pro _____ Instructor	Y	N
_____	_____	Emergency Medical Technician Level _____	Y	N
_____	_____	Red Cross Water Safety Instructor	Y	N
_____	_____	First Responder	Y	N
_____	_____	Red Cross Lifeguard Training _____ Standard _____ Instructor	Y	N
		M.D. _____		
		D.O. _____		
		R.N. _____		
		P.A. _____		

List other current certifications you hold. _____

Trip Selection

Check ONLY the trips you can make and rank them in order of preference with 1 being your first choice, 2 your second, etc. Dates include travel days. Please check your calendars carefully. As a volunteer, you are making a commitment for an entire expedition. Early departure from a trip will not be an option. Don't forget to consider associated dates for the following mandatory orientation meetings:

Volunteer Orientation

Saturday, April 19

Teen/Parent Orientation (Trips I & II)

Saturday, May 3

Teen/Parent Orientation (Trip III)

Saturday, May 31

San Juan River, Bluff, Utah

- Expedition I June 12 - 18, 2008
- Expedition II June 26 – July 2, 2008
- Expedition III July 17 - 23, 2008

Check here ONLY if you can do ANY of the trips.

Adult Volunteer Medical History

Our goal is to give every participant the most successful rafting experience possible. Your answers to the following questions will help us make the trips safe for everyone involved. Disclosure of a disabling condition does not mean that you will be denied access to any River Rampage trip! The information you provide will enable us to better accommodate any needs you may have.

General Information

Applicant's Name _____
Street _____ City _____ Zip _____
Home telephone _____ Business telephone _____
Age _____ Date of birth _____ Male [] Female []
Physician's name _____
Physician's telephone _____

Person to notify in case of emergency

Name _____ Relationship to applicant _____
Full address _____
Home telephone _____ Business telephone _____

Medical Information

List any prescription medication(s) you are currently taking, the dosage, and the condition for which it is being taken.

List over-the-counter medications you routinely take and for what purpose _____

Do you have any of the following conditions?	YES	NO
History of heat related illness	[]	[]
Muscle or joint problems (especially lower extremities)	[]	[]
Cardiovascular disease	[]	[]
Asthma (or other respiratory problems)	[]	[]
Any condition that might be worsened due to conditions on the trip	[]	[]

Please explain _____

Any mobility, sensory, cognitive, or emotional special needs? Yes No If so, please list and state how they affect you. Be explicit. _____

List any allergies _____

What symptoms do they present? _____

List any special dietary needs/restrictions _____

Are you hypersensitive to insect stings? Yes No (If so, you must bring your own Ana/Epipen kit.)

For our insurance records, answers to the following questions are required in detail:

- Are you covered by any hospitalization or medical care policy? Yes / No
- Name of insurance company _____
 - Policy number _____
 - Insurance company address _____

State
Zip
 - Phone () _____

Volunteer Expectations

The following is a partial list of expectations for River Rampage Volunteers:

- Attend all orientation / training sessions.
- Stay actively involved in the program and with assigned teens, both before and after the trip.
- Plan, coordinate and implement volunteer projects, and assist participants in completing their volunteer hours before and after trip as necessary.
- Keep Program Coordinator up to date regarding assigned teens and their progress with volunteer hours, trip preparations, and other pertinent information.
- Be an enthusiastic and active facilitator on the river trip by participating in activities such as hikes, storytelling, games, etc.; helping set up/break down campsites; carrying supplies/equipment; and assisting in transporting those with mobility limitations.
- Provide support, assistance and motivation for participants.
- Ensure that rules and safety procedures are followed at all times.
- Participate in all sanctioned River Rampage social gatherings and in the trip reunion.
- SMILE AND HAVE FUN!!!

List any expectations you may not be able to perform followed by a brief explanation.

Volunteer Rules

There are hard and fast rules which we require everyone to follow. They apply not only during the river trip but during all pre and post-trip River Rampage-associated events such as volunteer work projects, organizational meetings, and group get-togethers. Remember that your behavior sets an example for the participants! The rules of conduct are:

- At all times, use your best judgement.
- No illegal drug use. Medical staff must be advised of any prescription drug usage.
- No alcohol use of any type.
- Smoking and tobacco products are prohibited.
- Physical contact between staff and teens must be carefully monitored.
- Weapons (including camping knives) may not be brought on any River Rampage outing.
- No profanity or vulgarity.
- Monitor your own abilities. Don't over-do it!
- All guidelines regarding appropriate staff behavior will be strictly adhered to.

Please list below any staff rules with which you disagree: _____

Due to the nature of our programs and to help ensure your safety as well as that of our participants, each applicant must complete a City of Phoenix Volunteer Application, and submit to a fingerprint background check. If you are chosen as a volunteer, we will arrange for this to take place at our expense.

Volunteer Agreement

Please read and initial all statements which you agree to follow:

- I will attend the mandatory Volunteer Orientation Training session on April 19, 2008.
- I will abide by all volunteer rules and expectations and follow directions given by the river guides and program coordinators during the trip.
- I will allow myself to be fingerprinted, at the City's expense, and submit to a subsequent background check.
- I will allow for the information that I have provided to be verified, and I give permission to City of Phoenix to make inquiry of others concerning my suitability to act as a River Rampage volunteer.
- I understand that in the course of volunteering for River Rampage, I will be dealing with confidential information, and I agree to keep said information in the strictest confidence.
- I understand that the relationship between City of Phoenix and River Rampage volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or City of Phoenix.

I affirm that I have read the Volunteer Expectations and Rules and the Volunteer Agreement, and that I agree to all statements as outlined above.

Signature

Date

Witness (Name and signature)

Date

Medical Information

I hereby direct any attending physician or health care provider with knowledge of my physical, emotional or mental health to provide all information to the City of Phoenix, or any other entity requesting information in connection with the trip and River Rampage reunions. Further, I waive medical confidentiality with respect thereto. I assume responsibility to notify River Rampage staff as soon as possible when a change in my health occurs which would affect my participation.

Name (print) _____

Signature _____ Date _____

Photography Release

I hereby grant the City of Phoenix, its co-sponsoring organizations, media representatives, and any trip participant the right to photograph, video or film record this trip and related River Rampage activities without recourse. This includes the right to use photographs, video or film in promotional, documentary or media coverage.

Name (print) _____

Signature _____ Date _____

Certification of Information Provided

To the best of my knowledge and belief, all the information set forth within this application is complete, true and correct. All the entities participating in the expedition may rely on the information contained herein to make a decision as to whether or not I may safely serve as a River Rampage volunteer.

Name (print) _____

Signature _____ Date _____

**YOU'VE MADE IT TO THE END!
THANKS!**

River Rampage is proudly sponsored by



City of Phoenix
Parks and Recreation Department,
Community Outreach Division
Adaptive Recreation Services,
with support from



River of Dreams, a nonprofit organization

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E-mail: rick.johnson@phoenix.gov

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To request a reasonable accommodation call 602-262-4543 (voice) or
602-534-2491 (TTY). 602-534-1537 (FAX). E-mail: rick.johnson@phoenix.gov

Keep This Paper!!

Save these Dates!!

**Important things to remember if you are
selected for a
River Rampage Expedition!**

Mandatory Trip Orientations: There are two orientations. The first is for Sidekicks only. This orientation will provide training on adaptive equipment, river gear, safety issues and answer questions on river procedures. At the second orientation, you will meet the teens and we will cover rafter expectations, trip itinerary, camping gear, and safety. Trips I and II will have an orientation on May 3rd, Trip III's orientation will be on May 31st. Keep these dates open, if you are selected for a trip you will need to attend the **MANDATORY** orientation for your trip.

Sidekick Orientation April 19, 2008
Teen Orientation Trips I & II, May 3, 2008
Teen Orientation Trip III, May 31, 2008

The Trip Dates: When considering a trip please check your schedule carefully. Once you are selected for a trip we will not be able to change your trip date! If you have any questions, feel free to call Rick at 602-534-5681, Linda at 602-534-5683 or Adaptive Recreation Services at 602-262-4543 (voice), 602-534-2491 (TTY).

Trip I June 12-18, 2008
Trip II June 26- July 2, 2008
Trip III July 17-23, 2008