



Multnomah Education Service District
Volunteer Registration
for Outdoor Education Programs

Name: ODS Name: Sex:
H.S. Grad? College/University: email:
Present Address:
City: State: Zip: Phone:
Permanent Address (if different):
Counseled at an MESD Outdoor Education Program before? No / Yes
If "Yes," where and when?
Experience with students with special needs?
Foreign or sign language experience: No / Yes Which language(s)? # years:

In Case of Emergency, Notify\*\*:

Name: Relationship:
Home Phone: Work Phone:

Alternate Contact:

Name: Relationship:
Home Phone: Work Phone:

Name of Physician and/or Insurance: Phone:

Choice of Hospital in case ambulatory care is needed:

For Significant Medical Conditions (allergies, diabetes, epilepsy, etc.), please insert that information in a separate, sealed envelope, and attach the envelope to this form. That information is confidential and will be given only to the site nurse.

\*\*Please Note: It is our intent to use this information for emergency situations, only. Providing this information is voluntary; however, in the event of an emergency, it could save your life.

Notice

Multnomah ESD does not cover Outdoor Education Program volunteers under workers' compensation or medical insurance.
If you are receiving college/university credit for this volunteer position, your college or university may cover you with insurance; check the college's/university's administration to determine the extent of coverage they may be providing for you.
Alcohol and drugs are not permitted on MESD's Outdoor Education Program sites and possession of drugs is against the law. If it is determined that you are in possession of, under the influence of, or have used alcohol or drugs on-site, you will be asked to leave the site immediately, and the site supervisor may notify the authorities.
The use of tobacco products on any site leased or owned by a school district is prohibited by Oregon law.
By my signature below, I acknowledge that I have been advised of the expectations, responsibilities and risk of the duties for which I am volunteering and I do so at my own risk,

Volunteer Signature Date:

Sign and return this form with your Criminal History Verification Form.
Please fill out the Self Assessment form on the next page or on the reverse of this document.



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**Self Assessment**

The purpose of this self-assessment is to make sure you have thought about the information you have just read and that you are making an informed choice to embark on the adventure and challenge of being a volunteer for Multnomah ESD’s Outdoor Education Programs. We hope you join us this session—the site staff will be there to support you, but we also want you to know “what you’re getting into.”

*Please read and respond to each of the following questions. Sign and return both sides or both pages of this form with your criminal history verification.*

**SELF-ASSESSMENT QUESTIONS**

**CIRCLE ONE**

Am I willing to put someone else’s needs ahead of mine for six days? Can I be flexible and go where I am needed? (move sites, change students)	Yes	Not Sure	No
Am I prepared for a role entirely different from that of a student leader? By not taking charge of the cabin and not teaching on field study?	Yes	Not Sure	No
Am I willing to connect with a group of peers (high school students and site staff) and share fears, concerns and triumphs? Work as part of a team?	Yes	Not Sure	No
Am I willing to take good care of myself (sleep, rest, eat) so that I can be there 100% for my special needs assignment?	Yes	Not Sure	No
Am I willing to be tobacco, drug and alcohol free during the six days of Outdoor School?	Yes	Not Sure	No
Am I willing to help children with physical and cognitive disabilities to be included in all Program activities? Possibly helping out with dressing and showers?	Yes	Not Sure	No
Am I willing to stretch myself possibly farther physically and emotionally than I ever have before to make this outdoor experience possible for children with disabilities?	Yes	Not Sure	No
Am I willing to rise at 7:00 a.m., and then go all day and evening until 11:00 p.m.? Give up comforts and sleep on a bunk in a room with others?	Yes	Not Sure	No
Am I willing to accept supervision and feedback from the site staff? And ask for help when I need it?	Yes	Not Sure	No

**Volunteer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

*To participate as a volunteer in MESD’s Outdoor Education Programs, you must pass a free criminal record check. Please sign and return this form with your criminal history verification by email to Kitty Boryer at [kboryer@mesd.k12.or.us](mailto:kboryer@mesd.k12.or.us)*

*or by snail-mail to:*

**MESD Outdoor School, PO Box 301039, Portland, OR 97294-9039.**

**Questions? Call (503) 257-1600.**