



Service Trip Participant Application

Project Location: _____

Date: _____

Name: _____

E-Mail: _____

Address: _____

Home Phone: _____

Work Phone: _____

Food Preferences & Allergies:

No Meat ___ No Seafood ___ No Dairy ___ No (other - please list) _____

Health and Medical Concerns: Please indicate any limitations or problems that may need to be accommodated, e.g. physical disabilities, insulin requirements, allergies, insect bites, etc. In addition, for emergency purposes only, please list any medications you are currently taking.

Emergency Contact: In case of emergency we will try to contact at least one individual you list below. Please provide a Hawaii contact if possible.

Name	Relationship	Address	Home Phone	Work Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name	Relationship	Address	Home Phone	Work Phone
_____	_____	_____	_____	_____

List the previous Sierra Club service projects you have participated in and include the trip leaders names:

Describe the most challenging hike you've been on in the past year and why you thought it was difficult.

Sierra Club Member: Y/N

Signed: _____ Date: _____

PLEASE RETURN THIS FORM TO: *[The leader of the service trip you are interested in]*

Note: All participants are subject to approval by the leaders based upon the participant's experience, disposition and physical condition. Deposits will be returned to any participants who are not accepted. On popular trips, leaders have the option to give preference to Sierra Club members and Oahu residents.