BLUE CORPS, RESTORATION CREW, GRIOT WORKS™, ADVENTURE WORKS™

Urban Wilderness Project
P.O. Box 18874
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www.urbanwildernessproject.org
urbanwildernessproject@yahoo.com

PLEASE MAIL YOUR SIGNED PACKET TO THE ADDRESS ABOVE

A complete UWP sign-up packet includes the following:
_ This Sign-up Form
_ General Waiver
_ All Programs Waiver

1. Name: _____
   Last First Middle
2. Address: _____
   City: _____ State:_____ Zip: _____
3. Phone: (_____) _____
   Best time to call: _____
   Do you have voice mail? _ Yes _ No
4. E-mail Address: _____
5. Age: _____
6. Date of Birth (Month / Day /Year): _____
7. Gender: _Male _Female _Trans
8. School year completed as of this June: _____
   School Name/City: _____

General Questions (Please email or mail your responses)
NO EXPERIENCE IS REQUIRED BUT WE'D LIKE TO KNOW MORE ABOUT YOU!!

1. What is one environmental, social, or political issue that bothers you and what do you think you can do to make a difference?
2. Are you interested in arts, social justice or environmental stewardship? Please tell us what first got you interested?
3. Have you participated in any related activities, such as social activism,

Over

environmental stewardship, writing and/or performance arts? If so, please tell us when and where.

4. Are you currently active in the arts, if so, what type?
5. Would you like your voice to be heard?
6. Why you want to be a member of the UWP crew?
7. What would you like to gain from the experience?
8. You will be asked to be a leader for at least one day. Please describe when you have been a leader or responsible for others. What did you do?

I certify that I filled out this application in my own words, and that all of the statements made in this application are true to the best of my knowledge.
I certify that all of the statements made in this application are true to the best of my knowledge and I may be dismissed if false information is presented.

Applicant's Signature:_____ Date:_____

Photo and Quote Release: In consideration of submitting this application, I recognize that by applying to UWP programs, I grant UWP freedom to use my name, likeness and/or words in the production of publicity, educational and promotional materials. I understand that I will not receive compensation for the use of my name, likeness or words.

Applicant's Signature:_____ Date:_____

Parent/Guardian Signature:_____ Date:_____

QUESTIONS BELOW ARE FOR APPLICANTS UNDER 18 YEARS OF AGE

_ Check here if the applicant's parents maintain separate households but share joint legal custody of the applicant. (Please note if you checked thebox at left the signatures of both parents are required below before we can review this application.)

I have read the attached information describing the Urban Wilderness Project's programs. Having discussed the programs with the applicant, I authorize him/her to apply for and to participate in the program.

First Parent/Guardian_____

Parent/Guardian Signature:_____ Date:_____

Print Name:_____ Relation:_____

Address:_____

Day Phone:_____ Evening Phone: _____

E mail:_____

Second Parent/Guardian_____

Parent/Guardian Signature:_____ Date:_____

Print Name:_____ Relation:_____

Address:_____

Day Phone:_____ E-Mail: _____

Evening Phone: _____