

**Leader Questionnaire  
AMC Worcester Chapter Leadership Committee**

**General:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**AMC Membership #** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Do you have any medical conditions or allergies we should be aware of?**

**Skills & Experience:**

**What type of outdoor activities do you currently participate in?**

**Please describe some of the outdoor activities you had participated in over the last 12 months?**

**Please describe your current exercise schedule?**

**What types of trips are you interested in leading?**

**Why would you like to lead trips for the Chapter?**

**Have you ever led organized group trips for another organization? If yes, Please describe.**

**Have you participated in any leadership training? If yes, Please describe.**

**Do you have any first aid certifications? If yes, Please describe.**

**Please list at least 2 Chapter Activities you have participated in, including leaders and dates.**