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.