

“SHERPA” APPLICATION



First Name: _____

Last Name: _____

Age: _____

Birthday: Month _____ Day _____ Year _____

Gender: (circle one) Female Male

Email: _____

Phone (Home): _____

Phone (Cell): _____

Address Line 1: _____

Address Line 2: _____

City: _____

State/Province: _____

Communication Preference: Email Phone Text

Name of Parent(s): _____
(If under 18)

Height: _____

Weight: _____

Certifications or Qualifications: ASL First Responder CPR
Medical Professional
Other (please share):

Are you a member of a local church?: YES NO
(does not prevent you from volunteering)

If so, where? _____

Do you have a family member or close friend with a disability? YES NO

Please share: _____

Why do you want to volunteer to serve as a *Sherpa*?

Do you see yourself as *fit* to serve as a *Sherpa*?" YES NO

Please share more: _____

Being a *Sherpa* for our "hiker" requires a dedicated attitude of servanthood. Do you commit yourself serving in this way? YES NO

Please share more: _____

Anything else awesome we should know about you? _____

WAIVERS:

Please click the links and read the following documents:

[Release of Liability](#)

[People First Language](#)

[Volunteer Expectations](#)

I have read the "**Release of Liability**" document and agree to the statements mentioned in it.

Please initial: _____

I have read the "**People First Language**" document and will do my best to practice disability etiquette.

Please initial: _____

I have read the "**Volunteer Expectations**" and agree to follow them while volunteering with BIMT as a *sherpa*.

Please initial: _____

I give my consent to be photographed and/or videoed and for my image to be used in print and/or social media by BIMT. I understand that, if in the future, I want to revoke this permission, that I must make that request in writing to the Director of BIMT.

Please initial: _____

I understand that I am submitting this application for the purpose of being reviewed as a potential “sherpa” on an BIMT Israel trip.

Name: _____

Date: _____

Specific trip I
am applying
for: _____

Signature: _____

If you are under 18 years of age and would like to be considered as a *Sherpa*, we require a parent’s signature. Thanks

Name: _____

Date: _____

Signature: _____