



## Volunteer Information & Waiver Form

### Contact Information

Name	
Street Address	
City, State & Zip Code	
Home Phone/Cell Phone	
Work Phone	
E-Mail Address	

### Skill Inventory – Circle or add relevant information where appropriate.

**Please note that lack of any skill(s) listed below does not disqualify you from volunteer opportunities.**

#### I AM...

Y or N	Comfortable setting up your fly fishing equipment and fishing on your own?
Y or N	Open to learning new fishing skills, enhancing your knowledge, or sharing your expertise with others?
Y or N	Comfortable wading and navigating an unfamiliar river?
Y or N	Capable of safely wading & shadowing a novice fly fisher and/or non-swimmer?
Y or N	Currently certified in CPR, First Aid, Wilderness First Aid, Medical Profession, Food Sanitation, Social Work or other relevant area?

#### I HAVE...

Y or N	Studied the mechanics of fly casting through related books, videos, classes or workshops?
Y or N	Received fly fishing instruction in any of these areas: On-stream Fly Presentation, River Ecology, Fly Tying or Catch & Release? <i>(circle relevant areas)</i>
Y or N	Instructed others (outside of family members) in any aspect of fly fishing?
Y or N	Prior corporate catering, event planning or hotel experience?

#### I CAN...

Y or N	Describe the life cycles of mayflies, caddisflies and stoneflies?
Y or N	Demonstrate how to 1) Set-up a rod and reel; 2) Utilize a loop-to-loop; 3) Rebuild a leader?
Y or N	Confidently tie a 1) Clinch knot; 2) Double Surgeon's knot; 3) Perfection Loop; 4) Nail knot
Y or N	Describe how to 1) locate trout in a river and 2) describe a riffle, run and pool?
Y or N	Explain 1) the difference between a dry fly, wet fly and streamer and 2) how to fish with them?
Y or N	Confirm you meet or exceed the physical requirements detailed on the Health Form?
<b>Circle</b> →	Describe your casting skill level/proficiency as: 1) Novice; 2) Comfortable in Most Situations; or 3) Self Described Expert.



# Reeling & Healing Midwest



## Where to Help – Check all areas where you would like to contribute.

<input type="checkbox"/> Fishing Volunteer	<input type="checkbox"/> Non-Fishing Volunteer	<input type="checkbox"/> One-Day Volunteer
<input type="checkbox"/> 2-1/2 Day Retreat	<input type="checkbox"/> Reunion Retreat	<input type="checkbox"/> Carpooling Participants
<input type="checkbox"/> Pre-Retreat Organizing	<input type="checkbox"/> Onsite Retreat Coordination	<input type="checkbox"/> Post-Retreat Organizing
<input type="checkbox"/> Grocery/Supply Shopping	<input type="checkbox"/> Equipment Coordination	<input type="checkbox"/> Equipment Maintenance
<input type="checkbox"/> Fly Fishing Instruction	<input type="checkbox"/> Entomology Instruction	<input type="checkbox"/> Knot Tying Instruction
<input type="checkbox"/> Participant Recruitment	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Other – Describe:

## Fly Fishing

It is not required, but do you have any previous experience? Please describe:

Do you have your own equipment? YES or NO      Will you need to borrow any equipment? YES or NO

If you need waders please provide: Shoe Size \_\_\_\_\_ Hip Measurement \_\_\_\_\_ Height \_\_\_\_\_

## Previous Volunteer Experience or Cancer Experience

Summarize your previous volunteer and/or cancer experience.

## Other Notations

Do you have any physical restrictions and/or special needs?

Do you have any allergies? Chronic health issues?

Are you presently taking any medications? If yes, please list:

Birth Date: Month \_\_\_\_\_ Date: \_\_\_\_\_

TYPE of Sleeper: LIGHT \_\_\_\_\_ EARLY RISER \_\_\_\_\_ HEAVY \_\_\_\_\_ SNORE \_\_\_\_\_ APNEA/MACHINE/OTHER \_\_\_\_\_

What was the date of the last Reeling & Healing Midwest retreat you attended?

Any other information for us to know?