

INNER CITY OUTINGS AGENCY APPLICATION FORM

If you are interested in having young people from your agency/school participate in the Sierra Club's Inner City Outings (ICO) activities, please complete the following form and return it to:
Sierra Club Inner City Outings (local address)

Please call _____ (day#) or _____ (evening#) if you have any questions.

Agency/School Name: _____

Address: _____

Program Director/Principal: _____

Telephone: _____

E-mail address _____

AGENCY/SCHOOL CONTACT(S):

NAME	ADDRESS	WORK/HOME PHONE #'s
------	---------	---------------------

1. _____

2. _____

How many young people do you propose to have involved from your group in ICO?

Would we be able to meet with all the youth within one week before each outing?

YES _____ NO _____ (explain) _____

Is there a room in which we could hold this PRE-TRIP meeting?

YES _____ NO _____

If yes, where? _____

Would this place be available on Weekday days? _____ Weekday evenings? _____

Weekend days? _____ Weekend evenings? _____ (check all that are applicable)

How often do these youth have the opportunity to go to the (name of urban parks or wild places near city) or become involved with other environmental activities (other than through the Inner City Outings program)?

What sort of parental involvement could we expect?

What are the ages and cultural/ethnic backgrounds of the youth to be involved?

Do these young people have any special needs or limitations of which we should be aware?

Would your agency/school be able to provide some financial assistance for the outing expenses? (Typical outing costs may include food, transportation, and admission fees.) If so, what form would this assistance take?

Would your agency/school be able to provide transportation and drivers for the outings?

Would you and your agency/school be willing to commit to working with the Sierra Club Inner City Outings program for at least one full year?

YES _____ NO _____

Would you be willing to sign a "Letter of Understanding" such as the sample enclosed?

YES _____ NO _____

What would be the greatest benefit to the young people from your agency/school that ICO would be able to provide?

COMMENTS:

Application completed by: _____

Position: _____

Date: _____

For ICO use only:

Status:

Application received:(date) ____/____/____/

Follow-up call made: (date): ____/____/____ & (time) _____

Next steps: