

## INSPIRING CONNECTIONS OUTDOORS AGENCY APPLICATION FORM

If you are interested in having people from your agency/school participate in the Sierra Club's Inspiring Connections Outdoors (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
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1. \_\_\_\_\_

2. \_\_\_\_\_

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

\_\_\_\_\_

Would we be able to meet with all the participants 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 young people/adults 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 Inspiring Connections Outdoors program)?

\_\_\_\_\_

What sort of parental involvement could we expect?

What are the ages and cultural/ethnic backgrounds of the young people/adults to be involved?

Do these young people/adults 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 ICO 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/adults from your agency/school that ICO would be able to provide?

COMMENTS:

Application completed by: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

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For ICO use only:

Status:

Application received:(date) \_\_\_\_/\_\_\_\_/\_\_\_\_/

Follow-up call made: (date): \_\_\_\_/\_\_\_\_/\_\_\_\_ & (time) \_\_\_\_\_

Next steps: