

Umpqua Explorers

Summer 2016

Find us on Facebook and on our website www.umpquaexplorers.wix.com/explore

Douglas County
MUSEUM
Natural & Cultural History

Who are Umpqua Explorers?

The Umpqua Explorers are the Douglas County Museum's Youth Corps. This is a no cost, two-month, summer based, outdoor education program for youth (12-17) to expand their understanding of the natural history and culture of the Umpqua River Valley, gain professional experience, and give back to their community.

This summer our Explorers will learn about backpacking gear and cooking techniques, food preparation, collaborate with fellow youth at Fort Umpqua, identify edible and useful plants, go fishing, explore the ecology of our region, learn how to navigate through terrain, and become competent leaders. Teens can discover new aspects of Oregon, from camping on the beach to learning about Fort Umpqua to backpacking in the Rogue-Umpqua Wilderness. Explorers will also assist with the museum farmer's market booth on some Saturdays as well as help with the organization and implementation of the Drive-In movies the museum hosts. Furthermore, there will be opportunities to go on short explorations around the Roseburg area on occasional Fridays. Explorer activities will be fun and educational, and will include things like special behind the scenes tours not generally open to the public.

What is expected of Umpqua Explorers?

This program requires our Explorers to be active leaders, ambitious learners, and outgoing team players. We expect each Explorer to be dedicated to scheduled trips and be willing to try and learn new things. Explorers should be ready to spend a lot of time exploring the wilderness, hiking with heavy backpacks, sleeping under the stars, going multiple days without showering (although bathing in rivers and lakes might occur), testing their limits, and having fun.

What is included in this application packet?

In addition to this Umpqua Explorer description, you will find the following attached:

- ☐ Umpqua Explorer Application
- ☐ Umpqua Explorer Summer Calendar
- ☐ Guardian Permission Form
- ☐ Medical Release Form
- ☐ Media Release Form

Please return these forms when you come for the orientation overnight at the museum on June 20th.

Questions or Concerns?

Contact our Education Coordinator:

Mallory Stiff

Email: mkstiff@co.douglas.or.us

Work: (541) 440-6258

Cell: (406)581-5706

Douglas County Museum

c/o Mallory Stiff

123 Museum Drive

Roseburg, OR 97471

Umpqua Explorers

Teen Volunteer Corps Application

Douglas County
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Applicant Information:

Last Name First Name Middle Initial

Date of Birth Age Grade School

Address City State Zip Code

Mailing Address (if different)

Email Address

Home Phone Cell Phone

Please Note Any Additional Information

Optional:

Do you qualify for free & reduce lunch?

☐ Yes

☐ No

Do you have transportation to and from the Museum?

☐ Yes

☐ No

Preferred Contact:

☐ Email

☐ Home Phone

☐ Cell Phone

Availability:

Please review the attached schedule and let us know of any trips that you will not be able to attend so we can arrange adequate transportation.

Questions:

1. How did you hear about the Umpqua Explorer program? (Please check the appropriate box)

☐ Flyer

☐ Friend

☐ Internet

☐ School

☐ Other: _____

4. What are some of your hobbies or special interests:

Your signature below indicates that you have read and completed this application truthfully and to the best of your knowledge. By signing, you agree to participate in the Douglas County Museum's Umpqua Explorer program and fulfill your role as a summer volunteer and Umpqua Explorer team member to the best of your ability.

Applicant's Signature

Date

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Summer Calendar

June

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20 1pm Applications Due & Orientation Overnight @Museum	21 Leave museum @11am	22	23	24 Explore Day (TBD)	25
26	27 11am Twin Lakes overnight trip	28 Back in Roseburg by 4pm	29	30		

July

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Drive-In Movie	2 Farmer's Market booth
3	4	5 1pm Beach —→ overnight trip	6 Back in Roseburg by 4pm	7	8 Explore Day @ Fort Umpqua	9
10	11 10am —→ 2 night Maidu trip	12	13 Back in Roseburg by 4pm	14	15	16 Farmer's Market Booth
17	18 10am —→ 2 night Rogue trip	19	20 Back in Roseburg by 5pm	21	22 Explore Day (TBD)	23
24	25 9am —→ 4 night Backpacking trip	26	27	28	29 Back in Roseburg by 6pm	30
31	1	2	3	4	5 Drive-In Movie	6

Umpqua Explorers

Guardian Permission

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The following is to be completed in ink by the legal guardian of applicants under the age of 18.

Applicant's Name

Guardian(s) Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

Guardian Email Address

Does your child have dependable transportation to the museum? _____

If not, do they have dependable transportation to the Douglas County Library where we could arrange a pickup/carpool? _____

Please note: If your child is unable to drive, they will need to have their parent/guardian or another approved adult come into the museum (or carpool location) and sign them out at the end of each Umpqua Explorer activity or event.

Please list below any adults approved to pick-up your child including any other parent/guardian who has not signed this form. Any adult including parent/guardian may be asked to show I.D. upon picking up your child.

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

Name

Relationship

Phone

Your signature shows that you have read the above Umpqua Explorer volunteer description and agree to support the applicant's commitment to the program throughout its duration.

Guardian's Signature

Date

Umpqua Explorers

Medical Release



This must be completed in ink by every applicant in order to join the Umpqua Explorer program.

Applicant's Name

Date of Birth

Gender

Guardian(s) Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

Please list any health problems, mental or physical conditions that might require special planning or consideration for participation in the Umpqua Explorer program at the Douglas County Museum. Examples: allergies, asthma, autism, chronic disease, crippling conditions, sight or hearing problems, seizures, special diet, or any condition requiring medication.

Conditions:

Medications:

Please indicate your family doctor's contact below in case of emergency:

Family Doctor

Phone

Address

City

State

Zip Code

If unable to contact guardian in an emergency situation, contact:

Emergency Contact 1:

Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

Emergency Contact 2:

Name

Relationship

Guardian Address

City

State

Zip Code

Guardian Home Phone

Guardian Work Phone

By signing below I hereby give my permission to receive appropriate medical treatment in the event of an emergency if emergency contacts cannot be reached.

In consideration for the privilege to participate in the Douglas County Museum's Umpqua Explorer Program, the UNDERSIGNED hereby assumes all responsibility for medical treatment and insurance to cover any injury or illness occurring while volunteering at the Douglas County Museum and any related activities or events, and holds the Douglas County Museum harmless from any and all liability, actions, causes of actions, debts, claims and demands of every kind and nature whatsoever, which arise from or in connection with Umpqua Explorer activities.

The UNDERSIGNED, understands that the Umpqua Explorer Program is not covered not by workers compensation insurance, health, accident, life insurance or social security through the Douglas County Museum for any accident, illness, or injury to the Umpqua Explorer. We further understand that if a staff supervisor requests the Umpqua Explorer to perform a task that exceeds the Umpqua Explorers physical capabilities, the Umpqua Explorer is responsible for declining the assignment.

Applicant's Signature

Date

Guardian's Signature

Date

Umpqua Explorers

Media Release

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I, the undersigned, do hereby grant or deny permission to the Douglas County Museum to use the image of my child, _____. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs and images taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures, newsletters, educational materials and digital images such as those on the Douglas County Museum's website and social media pages.

- ☐ Deny permission to use my child's image.
- ☐ Grant permission to use my child's image.

Applicant's Signature

Date

Guardian's Signature

Date