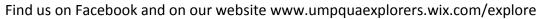
Summer 2016





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 Umpq	ua Explorer descriptio	n, you wi	ll find the	tollowing at	ttached:
□ Um	npqua Explorer Applica	ition			

□ 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 Douglas County Museum

Email: mkstiff@co.douglas.or.us c/o Mallory Stiff
Work: (541) 440-6258 123 Museum Drive
Cell: (406)581-5706 Roseburg, OR 97471

Teen Volunteer Corps Application



Last Name		First Name		Middle Initial	Be yeu qualify for fre reduce lunch? □ Yes
Date of Birth	Age	Grade	Sch	hool	□ No Do you have
Address		City	State	Zip Code	transportation to and from the Museum? ☐ Yes
Mailing Address (if	different)				□ No Preferred Contact:
Email Address					☐ Email ☐ Home Phone ☐ Cell Phone
Home Phone			Cell Phone		
Please Note Any Ad	iditional informati	on			l
ailability:					
ailability:	ttached schedu	le and let us kno	ow of any trips	that you will not be	e able to attend so we
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Questions:

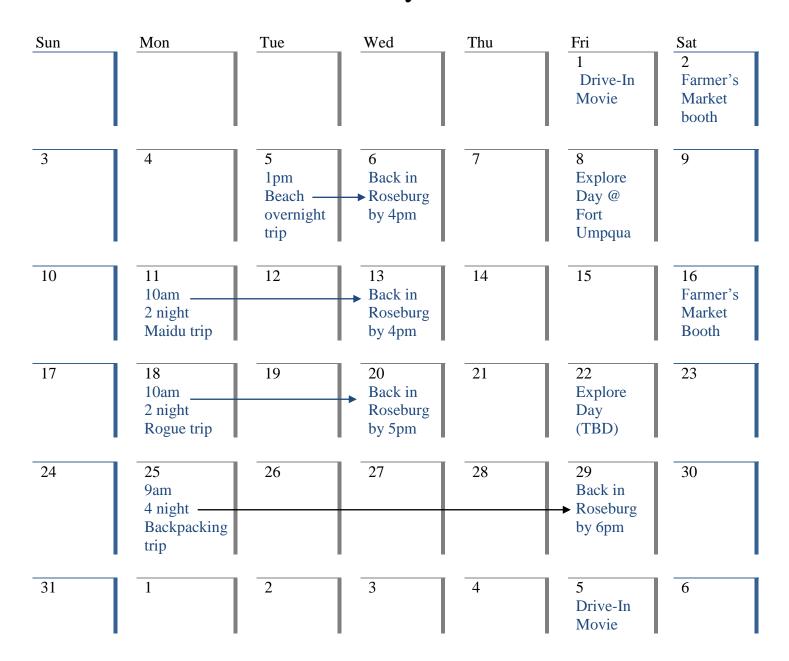
1. H	low d	id you hear about the Umpqua Explorer program? (Please check	the appropriate box)
		Flyer	
		Friend	
		Internet	
		School	
		Other:	-
4. V	Vhat a	are some of your hobbies or special interests:	
Your sigr	nature	e below indicates that you have read and completed this applicati	on truthfully and to the
best of y	our k	nowledge. By signing, you agree to participate in the Douglas Cou	nty Museum's Umpqua
Explorer	progi	ram and fulfill your role as a summer volunteer and Umpqua Expl	orer team member to the
best of y	our a	bility.	
Applicant'	s Signa	ature Date	



Summer Calendar

			June			
Sun	Mon	Tue	Wed 1	Thu 2	Fri 3	Sat 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



______ Guardian Permission



Applicant's Name			
Guardian(s) Name		Relationshi	p
Guardian Address	City	State	Zip Code
Guardian Home Phone	Guardian Work Phone		
Guardian Email Address			
s your child have dependable transport, do they have dependable transport up/carpool?se note: If your child is unable to drictories adult come into the museum (orer activity or event.	rtation to the Douglas County Libr —— ve, they will need to have their pa or carpool location) and sign them pick-up your child including any o	rent/guardia out at the e ther parent/	in or another and of each Umpq guardian who has
se note: If your child is unable to drive adult come into the museum (orer activity or event. se list below any adults approved to signed this form. Any adult including it.	rtation to the Douglas County Libr ve, they will need to have their pa or carpool location) and sign them pick-up your child including any o parent/guardian may be asked to	rent/guardia out at the e ther parent/g show I.D. up	in or another and of each Umpq guardian who has oon picking up you
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Medical Release



Applicant's Name		Date of Birth	Gender
Guardian(s) Name		Relationship	
Guardian Address	City	State	Zip Code
Guardian Home Phone	Guardian Work	Phone	
nditions:			
dications:			
ase indicate your family doctor's cor	ntact below in case of emerge	ncy:	
Family Doctor		Phone	
Address		 State	 Zip Code

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

Emergency Contact 1:

Guardian's Signature

Name		Relationshi	p
Guardian Address	City	State	Zip Code
Guardian Home Phone	Guardian Work	Phone	
mergency Contact 2:			
Name		Relationshi	p
Guardian Address	City	State	Zip Code
Guardian Home Phone	 Guardian Work	 Phone	
y signing below I hereby give my permis mergency if emergency contacts cannot		e medical treatmer	nt in the event of ar
	be reached. participate in the Douglas tumes all responsibility for le volunteering at the Dou las County Museum harml ands of every kind and natu	County Museum medical treatmenglas County Muse ess from any and	's Umpqua Explore nt and insurance to um and any relateo all liability, actions
In consideration for the privilege to rogram, the UNDERSIGNED hereby assover any injury or illness occurring which tivities or events, and holds the Doughuses of actions, debts, claims and demander	participate in the Douglas numes all responsibility for le volunteering at the Douglas County Museum harmlands of every kind and natures. It the Umpqua Explorer Pront, life insurance or social ry to the Umpqua Explorer er to perform a task that expressions.	County Museum medical treatment glas County Muse ess from any and are whatsoever, who peram is not coversecurity through the County Cou	's Umpqua Explore of and insurance to um and any related all liability, actions hich arise from or interest not by workers the Douglas County rstand that if a staf

Date

Media Release



of my child, ransmission, or otherw nclude, but may not be	vise use limited	y grant or deny permission to the Douglas C Such use includes the of photographs and images taken of my to, printed materials such as brochures, ne on the Douglas County Museum's website a	display, distribution, publication, child for use in materials that ewsletters, educational materials
		Deny permission to use my child's image.	
		Grant permission to use my child's image.	
Applicant's Signature			Date
Guardian's Signature			 Date