

Summer Adventure Leadership Training (SALT)

Application Form

(must be submitted prior to acceptance into SALT)

Personal Data: (please print)

Name: _____ Phone #: _____

Address: _____ City: _____

Prov. _____ Postal Code: _____ Age: _____ Gender: _____

Email Address: _____

Birth date: _____ AHC# or health insurance # _____

Emergency contact person _____

Home Phone #: _____ Work Phone #: _____

Health Information

How would you assess your health? _____

List any dietary needs, allergies, or health concerns: _____

Spiritual Information

How long have you been a Christian? _____

What does being a Christian mean to you?

What church do you presently attend and what is your level of involvement?

Describe what you think your most important responsibility is as a Christian?

Why do you want to come to the SALT program?

What are your greatest strengths and weaknesses?

Skills Information

List your experience in:

Swimming _____

Canoeing _____

Backpacking/ Hiking _____

Rock Climbing _____

Mountain Biking _____

Thank you for you interest in SALT. We will get back to you as soon as possible to let you know whether you have been accepted into the program.