



Please fill out this application completely and return as soon as possible to: GSEIWI, 2011 Second Avenue, Rock Island, IL 61201.

Personal Information

Applicant First Name _____ Last Name _____ Troop Number _____
Address _____ Apt Lot PO Box Number _____ Zip Code _____
City _____ State _____ County _____ Gender: Female Male
Home Phone (_____)_____-_____ Cell Phone (_____)_____-_____ Email _____
Special Needs (allergies, physical or dietary restrictions, medications, etc.) _____

Why are you interested in becoming a trail leader?

Experience

What horse experience do you have with troop riding (include details of when and where)?

What other related horse experience do you have?

What experience do you have working with younger children?

What leadership experience do you have (include troop, school, church, community, etc.)?

List training programs you have completed (ex. CPR, First Aid, Program Aide, Leader-In-Training, etc.):

Signature

Date