INSPIRING CONNECTIONS OUTDOORS PARTNER APPLICATION FORM

Please complete the following form and return it to:_____

Partner Org./Agency/School Name:

Address:

Program Staff /Teacher (Primary Partner Contact):
Telephone: **E-mail address:**

Principal/Director:
Telephone: **E-mail address:**

1. **Please provide demographics on youth participants that will be involved in ICO** programming**?**

   Youth Ages: _____

   Race/Background (check all that apply):

   Native American/Indigenous or Alaska Native ___   **Native Hawaiian or other Pacific Islander**___

   South East Asian_____**South Asian** _____**Asian**_____ **Middle Eastern/MENA/SWANA** _____

   African American/Black___ **Latino, Latinx** ___ **Multi-racial**___   **White** _____ **Other** _____

   _____ **% of participants who identify as gender non-binary, queer, LGBTQ or Trans**

   _____**% of participants served considered a part of the immigrant or refugee population**

   _____ **% of participants considered low income?**

2. **How often do your youth access being outdoors? Do you provide any environmental/conservation/nature learning activities?**

3. Do youth have any special needs or limitations of which we should be aware?

4. What benefits/outcomes do you aspire that ICO outings will be able to provide?

5. **In our vision for a more participant-centered experience, we envision youth participants to be able to contribute in the planning and/or prep for outings. Is this something you would welcome & support?**

6**. Any specific opportunities or resource-sharing you would like access to?**

Other Comments:

Application completed by:

Position:

Date:

****
For ICO use only: Status:

Application received:(date) _____/_____/_____/

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

Next steps:

SIERRA
CLUB

Inspiring Connections
Outdoors