



GREEN MOUNTAIN TRIBE INC.

APPLICATION FORM (VER. 0608)

PASTE 1X1
COLORED
PHOTO

GENERAL INFORMATION

NAME			
FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS			
STREET NO.	STREET ADDRESS/BARANGGAY	CITY/TOWN/MINICIPALITY	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CONTACT PHONE NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
OTHER CLUB/ORGANIZATION AFFILIATION			
<input type="text"/>			

PERSONAL INFORMATION

SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	HEIGHT <input type="text"/>	WEIGHT <input type="text"/>	CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
NATIONALITY <input type="text"/>	RELIGION <input type="text"/>	BLOOD TYPE <input type="text"/>	DATE OF BIRTH <input type="text"/>
FATHER'S NAME <input type="text"/>			PLACE OF BIRTH <input type="text"/>
MOTHER'S NAME <input type="text"/>			OCCUPATION <input type="text"/>
PERSON TO CONTACT IN CASE OF EMERGENCY <input type="text"/>			OCCUPATION <input type="text"/>
DO YOU SMOKE? <input type="text"/>			CONTACT PHONE NUMBER <input type="text"/>
DO YOU DRINK ALCOHOL/LIQUOR? <input type="text"/>			
DO YOU TAKE ANY MEDICATIONS? WHAT FOR? <input type="text"/>			
ANY HISTORY OF ILLNESS? WHAT? <input type="text"/>		DO YOU HAVE ANY PHYSICAL MARK ON YOUR BODY? WHAT? WHERE? <input type="text"/>	

CLIMBING RESUME

DO YOU HAVE OR HAD MEMBERSHIP IN ANY OTHER MOUNTAINEERING GROUP(S)? IF YES, SPECIFY AND GIVE DATES.

LIST YOUR LAST FOUR MOUNTAINS THAT YOU HAVE CLIMB AND INCLUDE THE DATE

1 <input type="text"/>	2 <input type="text"/>
3 <input type="text"/>	4 <input type="text"/>

WHY ARE YOU INTERESTED IN JOINING GREEN MOUNTAIN TRIBE?

OTHER ACTIVITIES/TRAININGS/SEMINARS

PLEASE CHECK THE OTHER OUTDOOR ACTIVITIES/TRAININGS/SEMINARS YOU HAVE ATTENDED OR CURRENTLY INVOLVED WITH:

<input type="checkbox"/> ROCK CLIMBING	<input type="checkbox"/> MOUNTAIN BIKING
<input type="checkbox"/> GUIDESHIP	<input type="checkbox"/> KAYAKING
<input type="checkbox"/> GEAR/EQUIPMENT MANUFACTURING/DISTRIBUTION	<input type="checkbox"/> STANDDARD FIRST AID
<input type="checkbox"/> CAVING	<input type="checkbox"/> BASIC MOUNTAINEERING COURSE
<input type="checkbox"/> OUTDOOR PHOTOGRAPHY	<input type="checkbox"/> ADVANCE MOUNTAINEERING COURSE
<input type="checkbox"/> ADVENTURE RACE	<input type="checkbox"/> SEARCH AND RESCUE
<input type="checkbox"/> COMMUNITY SERVICE	<input type="checkbox"/> MOUNTAIN GUIDE
<input type="checkbox"/> SCUBA DIVING	<input type="checkbox"/> CAVE GUIDE
<input type="checkbox"/> OTHERS: PLEASE SPECIFY: <input type="text"/>	

UNDERSTANDING/AGREEMENT

I HEREBY DECLARE THAT THE ABOVE INFORMATION ARE TRUE AND FURNISHED TO HELP THE GREEN MOUNTAIN TRIBE INC. EVALUATING MY APPLICATION FOR MEMBERSHIP. I WILL ALSO ABIDE THE RULES AD REGULATIONS SET FORTH BY THE ORGANIZATION.

SIGNATURE OVER PRINTED NAME

MEMBERSHIP APPLICATION GUIDELINES

YOUR PICTURE: YOU CAN EMAIL YOUR SCANNED IMAGE TO : **GREENMOUNTAINTRIBEINC@YAHOO.COM**

EACH APPLICATION FOR MEMBERSHIP SHOULD BE ACCOMPANIED BY:

*** REGISTRATION FEE - **P400.00**

IF YOU HAVE ANY QUESTIONS, PLEASE EMAIL US AT : **GREENMOUNTAINTRIBEINC@GMAIL.COM** OR CALL/TEXT : **0915 603 5571**

OR PLEASE FEEL FREE TO VISIT OUR WEBSITE AT **WWW.GREENMOUNTAINTRIBEINC.COM**



GREEN MOUNTAIN TRIBE INC.

COVID-19 SCREENING ASSESSMENT FORM

IN COMPLIANCE WITH IATF PROTOCOL, THE TEAM WOULD LIKE TO ASSESS THE FOLLOWING COMMON SYMPTOMS OF COVID-19 AND EXPOSURE. PLEASE ANSWER TRUTHFULLY.

ALL ASSESSMENT WILL BE KEPT CONFIDENTIAL.

GENERAL INFORMATION

NAME				
FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME	EXT. NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS				
STREET NO.	STREET ADDRESS/BARANGGAY	CITY/TOWN/MINICIPALITY	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
CONTACT PHONE NUMBER		MOBILE PHONE NUMBER	EMAIL ADDRESS	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	EMAIL ADDRESS <input type="text"/>			

GENERAL ASSESSMENT

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **FEVER**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **COUGH**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **SHORTNESS OF BREATH**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **CHILLS**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **SORE THROAT**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **MUSCLE ACHE**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OF **LOSS OF TASTE OR SMELL**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OR WORSENING OF **SEVERE HEADACHE**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OR WORSENING OF **RUNNY NOSE OR NASAL CONGESTION**?

☐ YES ☐ NO

IN THE PAST TWO WEEKS, HAVE YOU HAD NEW ONSET OR WORSENING OF **NAUSEA, VOMITTING, DIARRHEA** THAT'S NOT RELATED TO CHRONIC OR SEASONAL ILLNESS?

☐ YES ☐ NO

GENERAL ASSESSMENT

HAVE YOU HAD A CLOSE CONTACT WITH ANYONE WHO HAD COVID-19?

CLOSE CONTACT IS DEFINED AS LESS THAN 6FT IN MORE THAN 10 MINUTES

☐ YES ☐ NO

HAVE YOU HAD DIRECT CONTACT WITH FLUIDS TO ANYONE YOU KNOW WHO HAD COVID-19 WITH OR WITHOUT WEARING MASK?

FOR EXAMPLE BEING COUGHED OR SNEEZED TO

☐ YES ☐ NO

DID YOU TRAVEL OUTSIDE THE COUNTRY WITHIN THE PAST 14 DAYS?

☐ YES ☐ NO

HAVE YOU'VE BEEN DIAGNOSED WITH COVID-19 AND NOT YET CLEARED TO DISCONTINUE ISOLATION?

☐ YES ☐ NO

HAVE YOU HAD COVID-19 TEST (SWAB/RAPID) AND IS AWAITING RESULT WITHIN 10 DAYS?

☐ YES ☐ NO

WITHIN 14 DAYS, HAS A PUBLIC HEALTH OR MEDICAL PROFESSIONAL TOLD YOU TO SELF-MONITOR, SELF-ISOLATE, OR SELF-QUARANTINE BECAUSE OF THE CONCERNS OF COVID-19?

☐ YES ☐ NO

ARE YOU WORKING IN A COVID-19 FACILITY?

☐ YES ☐ NO

ATTESTATION

LIST OF PLACES OUTSIDE METRO MANILA YOU'VE BEEN TO IN THE LAST 14 DAYS:

ANSWER N/A IF NONE

LIST OF PLACES ABROAD YOU'VE BEEN IN THE PAST 14 DAYS:

ANSWER N/A IF NONE

WHAT IS YOUR CURRENT BODY TEMPERATURE?

I HEREBY DECLARE THE QUESTION WERE ANSWERED TRUTHFULLY.
WRITE YES IF YOU'VE ANSWERED TRUTHFULLY, FOLLOWED BY YOUR SURNAME AND THEN YOUR FIRST NAME.
(E.G. YES DELACRUZ JUAN)

SIGNATURE AND DATE

1

2