



A Division of Infniti Insurance Limited

GUIDE INFORMATION QUESTIONNAIRE

PLEASE COMPLETE ONE FORM FOR EACH GUIDE

GENERAL INFORMATION:

Your position is: Head Guide Ass't Guide Apprentice

Your name and address: _____

Telephone Number: _____ Fax Number: _____

EXPERIENCE & CERTIFICATION:

Years operating as Head / Ass't / Appren Guide: _____

Number of trips operating as Head / Ass't / Appren Guide: _____

Experience as a Guide: _____

Is this a full time occupation? Yes No

Please indicate number of hours worked per year: _____

Please indicate your level of first aid: _____

What are your certifications that qualify you to be a guide?: _____

Does your certifying body require you to continue your education to maintain your certification? Describe: _____

If not, do you pursue continuing education on your own? Describe: _____

Please provide a copy of information on the certification program.