

**Application Form**

Please send your completed form to staff@arcticadventuretours.no

About You:

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Nationality: |  |
|  |  |
| Email address: |  |
| Phone number: |  |
|  |  |
| Availability (start/end date): |  |
| Drivers Licence: |  |
| Additional licences (trailer): |  |
|  |  |
| Norwegian D Number: |  |
| Emergency Contact (Name & Tlf): |  |
|  |  |
| Existing Medical Conditions: |  |
| Allergies: |  |

Your Application:

|  |  |
| --- | --- |
| Job Role | Please tick the job role(s) you wish to apply for |
| Kennel Assistant |  |
| Trainee Dog Sledding Guide |  |
| Experienced Dog Sledding Guide |  |
| Volunteer |  |

Please add any extra info about yourself and your motivation to join our Arctic family:

|  |
| --- |
|  |

Thanks again for your interest in joining our team!

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