

**Application Form**Please send your completed form to <a href="mailto:staff@arcticadventuretours.no">staff@arcticadventuretours.no</a>

| 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: |  |
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Thanks again for your interest in joining our team!

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