

## Adventure Leadership Team STATEMENT OF PURPOSE AND GOALS

THE MORE INFORMATION YOU GIVE US,  
 THE BETTER WE WILL BE ABLE TO CUSTOMIZE YOUR PROGRAM.

**Please return this form TWO WEEKS BEFORE YOUR PROGRAM DATE**

Name of Group:

Date(s) of Program(s):

This form completed by:

What is your role within this group?

What is the best way to contact you to further discuss the goals/needs/interest of your group members?

\_\_ Email (indicate address):

\_\_ Telephone (indicate number and good times to call):

Describe your regular interactions as a unit. What does this group do? How often do you meet? In what manner do group members work together? Use as much space as needed and be as specific as possible.

Check the four most important topics you would like to address during your program\*:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> cooperation            | <input type="checkbox"/> creative problem solving | <input type="checkbox"/> trust in self & others  |
| <input type="checkbox"/> communication          | <input type="checkbox"/> appropriate risk-taking  | <input type="checkbox"/> leadership/followership |
| <input type="checkbox"/> strategic goal setting | <input type="checkbox"/> quality                  | <input type="checkbox"/> commitment/effort       |
| <input type="checkbox"/> mutual support         | <input type="checkbox"/> physical challenge       | <input type="checkbox"/> valuing diversity       |
| <input type="checkbox"/> camaraderie            | <input type="checkbox"/> managing differences     | <input type="checkbox"/> fun                     |

Other:

These topics were chosen by:  one individual  a committee  the entire group

\*On the back of this form, please provide additional information regarding the above items. For example, if you checked "communication", please provide a specific example of what improved communication would look like for your group.

Thank you for providing this vital information. The Adventure Leadership Team Supervisor who will be on site for your group's program will contact you for more detailed information prior to your program.

Return this form to Beth Freese at [bfreese@umich.edu](mailto:bfreese@umich.edu) as an attachment or return to the address/fax number on letterhead above.