



AbilityPLUS at Mount Snow Volunteer Application 2015-16

Personal Information

First Name:

Last Name:

Mailing Address:

City:

State:

Zip:

Primary Phone:

Local Phone:

Email:

Date of Birth:

Occupation:

Current Employer:

Employer Address:

City:

State:

Zip:

Employer Contact Name:

Phone Number:

Emergency Contact Information

Who Should We Contact in an Emergency?

Relationship:

Primary Phone Number:

Secondary Phone:

Have you served in the US Military: Yes No

Branch of Service: Active? Yes No

Background Information

Have you been convicted of a felony? (Exclude any record or conviction that has been sealed, expunged, eradicated or dismissed) Yes No

If yes please explain:

Have you ever been charged with child abuse or neglect? Yes No

Are there any circumstances involving your background that call into question entrusting you with the supervision, guidance or care of youth or individuals with disabilities? Yes No

If yes, please explain:

Please describe any training/experience you have working with people with disabilities:

What is your level of proficiency in American Sign Language?

Please list non-profits, community and professional organizations you are affiliated with:

Would you be willing to make presentations and/or fundraise on behalf of AbilityPLUS?

Yes

No

AbilityPLUS volunteers are needed in the following areas, please check those that you are interested in:

Winter Activities:

Alpine Ski Instructor

Snowboard Instructor

Nordic Ski Instructor

Snowshoe Guide

Equipment Tech

Program Room Assistant

Summer Activities:

Paddling

Waterskiing

Cycling

Hiking

Golf

General:

Communications

Special Events Volunteer

Fundraising

Video/Photography

Administrative

If you are applying to become a volunteer adaptive winter sports instructor, please complete this section: (indoor volunteers may skip to the last page)

What would you like to instruct? (Complete all that apply)

Alpine Ski

Snowboard

Nordic Ski

Snowshoe

Years Personal Experience

Type of Training Received

Rate Your Ability Level

B- beginner

I- intermediate

A- advanced

Please indicate your PSIA/AASI certifications:

For Winter Sports Instructors, continued

Please indicate adaptive equipment and/or teaching techniques you have experience with:

2-Track	3-Track	4-Track	Tip Clamps
Snow Slider	2-T Tether	Mono-Ski	Bi-Ski Tether
Lift Loading Mono-Ski	Lift Loading Bi-Ski		

Please elaborate on your current proficiency with equipment and techniques you have experience with and indicate the area you are most interesting in learning about:

Please list any disabilities you have experience with/understanding of that you are interested in working with as an adaptive sports instructor, and why:

Personal References *(required of first year volunteers only)*

Please provide two personal references (not relatives) who are in a position to attest to your character as it relates to working with children and individuals with disabilities. (If you are under the age of 16 applying for an assistant position, family members may be used as personal references).

Reference 1:

Name: Relationship to you:

Phone: Email:

Reference 2:

Name: Relationship to you:

Phone: Email:

Acknowledgement and Certification:

I hereby certify that all information submitted in this AbilityPLUS Volunteer Application form, and any resume, CV, interview, or other information provided by me to AbilityPLUS regarding becoming a volunteer with AbilityPLUS is true and complete, and that I have not knowingly withheld any relevant information pertaining to becoming a volunteer in any capacity with AbilityPLUS.

I submit this application with complete understanding that AbilityPLUS is under no obligation to acknowledge, accept or consider this application at any time, and may decline to offer me a volunteer position for any or no reason at the discretion of AbilityPLUS. Receipt of this application by AbilityPLUS does not in any way, at any time, constitute an offer of volunteer status or employment of any configuration.

I further understand, and agree that inquiries may be made by AbilityPLUS: of my employers, current and past, and others who may be found to have knowledge of me; with investigative and/or other private or governmental agencies that may have information concerning me, and release all parties of any and all liability, claims, damages made directly or indirectly from providing that information. I also agree to hold harmless AbilityPLUS, the officers, directors, employees and volunteers, thereof.

I further understand that if my application to participate as a volunteer with AbilityPLUS is considered and I am granted volunteer status by AbilityPLUS, whatever the role or capacity, my standing as a volunteer with AbilityPLUS may be terminated at any time, for any or no reason, with or without notice to me, at the discretion of AbilityPLUS..

I understand and affirm that in signing this application (either digitally or physically) that I understand its content, and the information I have provided is true and correct. Volunteers under 18 years of age, this form MUST BE SIGNED BY LEGAL PARENT OR GUARDIAN

Name: Date:

Volunteer Signature:

Parent/Guardian
Signature