



Mount Snow Adaptive Sports

2018-19

Volunteer Application

Personal Information

First Name:

Last Name:

Mailing Address:

City:

State:

Zip:

County:

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 respond to the following potential exclusionary findings which include, but are not limited to, reported incident(s) and/or conviction of:

Ever:

murder and/or manslaughter;

hate crime(s).

criminal sexual contact;

false imprisonment or kidnapping of other person(s);

drug/alcohol distribution or contributing to a minor

assault, assault and battery, and aggravated assault;

abuse (physical, emotional, neglect, and/or sexual) against a person, e.g., children, adults, or seniors;

Within the last 15 years:

alcohol-drug induced impaired driving;

property crime including but not limited to auto theft, theft, arson, vandalism, and shoplifting;

harassment and stalking;

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 *MSAS*?

Yes

No

Please indicate your interest in volunteering in the following activities:

Winter Activities:

Alpine Ski Instructor	Snowboard Instructor	Nordic Ski Instructor
Snowshoe Guide	Equipment Tech	Program Room Assistant

Summer Activities:

Paddling	Waterskiing	Cycling
Hiking	Golf	Fly fishing/spin reel

General:

Communications	Special Events Volunteer	Fundraising
Video/Photography	Administrative	

The following section MUST be completed if you are applying to become a volunteer adaptive winter sports instructor or if you are a returning winter sports instructor). Indoor volunteers may skip to the last page.

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

Alpine Ski	Snowboard	Nordic Ski	Snowshoe
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Years Personal Experience

Rate Your Ability Level*

Years of experience as an instructor (volunteer or paid)

*B- beginner; I- intermediate; A- advanced

Please indicate your PSIA/AASI certifications (include dates, whether current): None

**How many years have you volunteered
as an adaptive instructor at Mount
Snow?**

Other experience with Adaptive Sports? No Yes (specify)

Do you feel comfortable leading a ski/snowboard (check all that apply) lesson for:

Beginner (Learning about ski equipment, trying it on inside and outside building, using magic carpets, loading onto beginner lift and safe use of, tethering 2 tracks of all ages and sizes)

Intermediate (Comfortable skiing on all green and blue terrain (with or without tethers, giving clear directions to students and assistants on lifts and terrain).

Advanced (Comfortable on all MS lifts and terrain, able to help mentor and release control of lessons to newer instructors)

I am comfortable with (check all that apply):

Young Children (4-6)

Children (5-12)

Teenagers (12-19)

Adults

Elderly/Frail Populations

Skier/boarders who are:

Non Verbal

Seizure Prone

Visually Impaired/Blind

Hearing Impaired Experiencing

Sensory Difficulties

Autistic

I feel that I can work through or get needed assistance with:

Loud Verbal protests or screaming/resistance to learning new skills

Perseverations

Physical Behavior due to a feeling of insecurity, hunger, being cold, being tired, etc.

I have had experience and feel comfortable teaching with the following adaptive tools:

Ski Buddy Ring

Ski assist Pole Slider

Walkie Talkies

Out Riggers

Blue Chicken Box ski

I am comfortable with the following skiing strategies:

Skiing without poles

Being an assistant with a lead instructor who is either more familiar with a given student or with the required adaptive equipment.

Skiing backwards

Terrain park elements

Skiing gates (ie Special Olympics Training)

I am available for Special Olympics (**Sun-Tues in March 2018**)

Please provide any additional comments regarding your interests, suggestions, concerns, etc in the space below. Please indicate anything you would like to be considered in making program activity assignments:

For Winter Sports Instructors, continued

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

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:

Please complete the following if you are interested in volunteering for administrative work, as office support, computer skills, special event organizing, fundraising, etc.

Data entry

Ticketing

Helping students/families get equipment, etc in mornings

Social media

Other (specify)

Please indicate which of the following you have proficiency with:

Microsoft Office

Word

Excel

Powerpoint

Visio

Access

Project

Adobe

Professional

Forms

Other (specify)

Please indicate any other software, databases, web based systems you have proficiency with:

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

I submit this application with complete understanding that MSAS 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 MSAS. Receipt of this application by MSAS 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 MSAS: 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 MSAS, the officers, directors, employees and volunteers, thereof.

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

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.

Name: _____ **Date:** _____

Signature: _____