



Name:		Date of Birth:	
Occupation:		Employer:	
Mailing Address:			
City:	State:	Zip:	County:
Phone – Home:	Business:	Mobile:	
Primary contact:	Fax:		
Email Address:			
Contact Preference: email - <input type="checkbox"/> U.S. Mail - <input type="checkbox"/> Do Not Solicit - <input type="checkbox"/>			
T-Shirt Size:	Shoe/Boot Size:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>	
Birthplace (Town, State or Country) (For a nametag!)			
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact:		Relationship:	Phone:

List any experience you have had working with the disabled (if none, that is ok):

What clubs, organizations, ski clubs or other groups have you volunteered with or belonged to in the past five years?

Other Skills: please check any activities, skills, knowledge you may have and note your level of expertise:

<input type="checkbox"/> Artistic/Creative	<input type="checkbox"/> Athletics	<input type="checkbox"/> CPR Certification	<input type="checkbox"/> Catering/Food Service	<input type="checkbox"/> Cooking/Baking
<input type="checkbox"/> Data Entry	<input type="checkbox"/> EMT/1 st Aid Cert.	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Fishing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Hand Cycling	<input type="checkbox"/> Heavy Lifting	<input type="checkbox"/> Hiking	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Nat'l History/Ecology	<input type="checkbox"/> Office Skills	<input type="checkbox"/> Road Biking	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Running
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Swimming	<input type="checkbox"/> Team Sports	<input type="checkbox"/> Trade Work	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other-Specify				

Foreign Languages Spoken:
(Skill level –some/good/fluent)

Sign Language: : Yes No Limited

Primary On Snow Discipline (Snowboard/Alpine Ski/XC-Ski/Telemark etc)

Additional On Snow Disciplines:

Skiing ability or background: Beginner Intermediate Advanced Expert

Snowboarding ability or background: Beginner Intermediate Advanced Expert

Location of areas skied/snowboarded and when?

PSIA Certifications: (Please note date received for each certification)

Alpine: 1 2 3 Snowboard: 1 2 3 Nordic Downhill: 1 2 3

Adaptive: 1 in Cog VI 3T 4T MS BS Adaptive 2 Adaptive 3

Adaptive Snowboard Sit Down 1 2 Adaptive Snowboard Stand-up 1 2

Spec. Certificates: Children's 1 Children's 2 Senior 1 Senior 2 Pipe & Park Examiner Trainer



Have you ever been convicted of a felony? Yes ___ No ___ if yes, please explain:

I am volunteering to receive: N/A school credit community service hours

Volunteer Goals:

- Specific Trainings Specific Certifications Teaching Skills
 Skier/Rider Improvement Knowledge of Disabilities
 Social Other Please explain:

Special Interests:

- Arts & Culture Athletics Environmental & Ecological Food & Wine Golf Sports Fan Travel

I would like to volunteer in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Winter Instructor | <input type="checkbox"/> Office: phones, filing, organizing, cleaning, etc. |
| <input type="checkbox"/> Summer Instructor | <input type="checkbox"/> Equipment: maintenance, etc. |
| <input type="checkbox"/> Assistant Instructor | <input type="checkbox"/> Lifting/Manual Labor |
| <input type="checkbox"/> Computer: technical | <input type="checkbox"/> Art: Design, etc |
| <input type="checkbox"/> Computer: data entry, etc. | <input type="checkbox"/> Other, please explain: |

Maximum weight you are comfortable lifting/assisting:

Please list any concerns, fears or limitations:

Please list any disabilities of which you'd like us to be aware:

Please list any of your skills, contacts, experience, certifications, etc. that you would like to share and which may benefit DSES:

Please tell us about your availability:

- Mondays** **Tuesdays** **Wednesdays** **Thursdays** **Fridays** **Saturdays** **Sundays**
 AM PM AM PM AM PM AM PM AM PM AM PM AM PM

- Will come in on days/times marked
 Call In (my schedule changes-I will call DSES) On Call (with specific day marked above)
 Other-Please Explain:

Please list your references:

Reference#1: _____
Relationship: _____ Phone: _____
Reference#2: _____
Relationship: _____ Phone: _____

How did you hear about DSES? TV Radio Newspaper Friend DSES Member Other, Please explain: