

2012 SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS WINTER SKIING UNLIMITED VOLUNTEER INFORMATION

What does Society for Handicapped Winter Skiing Unlimited need?

We need volunteers with intermediate and advanced snow skiing and snowboarding ability on the ski slopes to help children and adults with disabilities enjoy the sport of skiing.

Where is the program held?

All of our ski dates are at Dodge Ridge Ski Resort in Pinecrest. Volunteers are responsible for their own transportation.

How much time is involved?

We ask that every Skiing Unlimited volunteer give at least one Saturday in the ski season to help with the program. The day begins at 9 am and ends about 3 pm.

How do I learn what to do?

All training is done at Dodge Ridge on the day you volunteer, there will be experienced, and trained volunteers to assist you. It's fun!

What are the ski dates?

January 7 January 21 January 28 February 4 February 11 February 18 February 25 March 3 and March 17

How do I sign up?

If you haven't done so already, please fill out a 2012 Winter Skiing Volunteer application pages 1,2 and 3, including a background check authorization. Please make sure to choose the ski dates that you are available to give that important gift of TIME! Once your background check is clear, you are ready to go.

What happens next?

You will get an email or a call (if no email is available) the Friday of the week before your scheduled ski date to remind you that you are committed to volunteer the following Saturday. There is no need to respond to that reminder unless you have a sudden emergency and cannot make the trip. All cancellations need to be made by the Monday of the week of the trip. Always remember the clients count on you, they are very excited to go skiing, and we need you to honor your commitment.

Where Do I go when I get to Dodge Ridge?

Please meet at the Olympic room which is located on the lower level of the old lodge past the ski shop between 8:30 - 9 am the day of your scheduled trip. There will be a base room volunteer to check you in and give you any instructions you may need. Volunteers are responsible for their own transportation to and from Dodge Ridge. Please check road conditions the morning of the scheduled trip to insure your safety on highway 108 at <http://www.dot.ca.gov/cgi-bin/roads.cgi> or call 1-800.427.7623.

How much does my ski lift ticket cost?

The volunteers' ski lift tickets are provided at no charge to the volunteer. If you have an annual ski pass at Dodge Ridge please let the office know to save costs for the organization. Purchases of additional lift tickets for family coming up with you are available at a discounted price of \$20.00 each. You must contact the office by Wednesday at 9 am to give Christine the number of additional lift tickets to receive that discount.

What if it is very stormy or there is no snow?

The office will make every effort to contact you if it is not reasonable to go forward with the trip because of very snowy weather or no snow at all. Sometimes this decision is not made until the Friday before the trip and you will receive an email letting you know if it is cancelled. If you are unsure, please call the office.

What if I have more questions? Do not hesitate to contact at 524-3536 or programs@societyforhandicapped.org

Page A (Volunteer FAQ's)

Please keep this page for your information

2012 SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS WINTER SKIING UNLIMITED VOLUNTEER APPLICATION

Please Print

VOLUNTEER INFORMATION			
Last Name:		First Name:	
		Today's date:	
Nickname:		Date of Birth:	Age:
		<i>Minimum age to volunteer is 15 years old</i>	
Mailing address:		City:	State ZIP Code:
		County:	
PHONE NUMBERS:			
Home:		Cell:	How did you find out about Winter Skiing Unlimited?
Email(REQUIRED-ALL CORRESPONDENCE IS DONE THROUGH EMAIL):			
OCCUPATION HISTORY			
Occupation	Employer:	Are you a member of other volunteer, professional or community Service organizations <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, please list which ones below:	
EMERGENCY CONTACT INFORMATION			
Emergency Contact Name:	Emergency Contact Phone 1:	Emergency Contact Phone 2:	Relationship:
PARENT/GUARDIAN INFORMATION REQUIRED FOR VOLUNTEERS UNDER 18 YEARS			
Last Name:		First Name:	
		Relationship:	
Address:		City	State ZIP Code
Phone 1:		Phone 2:	Email:
Send E Mail To (please check one <input type="checkbox"/> Volunteer <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Both Volunteer & Parent/Guardian			

VOLUNTEER EXPERIENCE		
SKI EXPERIENCE	SHCA EXPERIENCE	EXPERIENCE WITH DISABILITIES
<p>Please check all that applies to you</p> <p><input type="checkbox"/> Skier <input type="checkbox"/> Boarder</p> <p>Experience level <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate</p> <p><input type="checkbox"/> Non Skier-Base Camp volunteer-registration</p> <p><input type="checkbox"/> Non Skier-Base Camp volunteer-participant assist-lifting participants into sit skis</p> <p>Have you volunteered with SHCA Winter Skiing Unlimited in the past? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, When? _____</p> <p>Total number of years you have volunteered with SHCA Winter Skiing Unlimited? _____ years</p> <p>Previous SHCA Ski Experience check all that apply</p> <p><input type="checkbox"/> Sit Ski Instructor <input type="checkbox"/> Sit ski Driver</p> <p><input type="checkbox"/> Guide <input type="checkbox"/> Snow Slider <input type="checkbox"/> Tethers</p>	<p>Have you volunteered with other SHCA programs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, which programs</p> <p>Bike Camp <input type="checkbox"/></p> <p>Water Skiing <input type="checkbox"/></p> <p>Day on the Farm <input type="checkbox"/></p> <p>Loan Closet <input type="checkbox"/></p> <p>Special Events <input type="checkbox"/></p> <p>Office <input type="checkbox"/></p> <p>Thrift Store <input type="checkbox"/></p>	<p>Please indicate if you had had experience working with people with any of the following disabilities</p> <p><input type="checkbox"/> Blind <input type="checkbox"/> Amputation</p> <p><input type="checkbox"/> Deaf <input type="checkbox"/> Brain Injury</p> <p><input type="checkbox"/> Cerebral Palsy</p> <p><input type="checkbox"/> Spina Bifida</p> <p><input type="checkbox"/> Autism</p> <p><input type="checkbox"/> Developmental Disability</p> <p><input type="checkbox"/> Down Syndrome</p>

VOLUNTEER INFORMATION	VOLUNTEER AVAILABILITY	CERTIFICATIONS
<p>Are you interested in transporting participants/volunteers from your area that may need a ride <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a season pass at Dodge Ridge <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Please circle the dates that you are available to volunteer</p> <p style="color: red;">January 7 January 21 January 28 February 4 February 11</p> <p style="color: red;">February 18 February 25 March 3 and March 17</p>	<p>Please check below all that apply to you:</p> <p><input type="checkbox"/> CPR Certified</p> <p><input type="checkbox"/> Basic First Aid</p> <p><input type="checkbox"/> ASL sign language</p>

OFFICE USE ONLY

Date Received _____ New Volunteer? _____ Background check _____ / ____ / ____

**2012 SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS WINTER SKIING UNLIMITED
INSURANCE WAIVER & RELEASE OF LIABILITY**

**and
MEDIA RELEASE FORM**

***Please note: there are two places on this sheet that require a signature**

PART 1-INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to volunteer in any way in Society for Handicapped Winter Skiing Unlimited programs, related events, and activities, I and/or the minor volunteer, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

- 1 Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise Society for Handicapped Winter Skiing Unlimited of such condition(s) and refuse to participate.
- 2 Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
- 3 Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4 Release, waive, discharge and covenant not to sue Society for Handicapped Children and Adults, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise. **I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

***x**

Volunteer Name (PLEASE PRINT CLEARLY)	Volunteer Signature (18 and over)	Date
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FOR VOLUNTEER UNDER THE AGE OF 18 This is to certify that I, as parent/guardian with legal responsibility for this volunteer, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

***x**

Parent's Signature & Emergency Phone	Name & Date	(PLEASE PRINT CLEARLY)
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PART 2-MEDIA/PHOTO WAIVER AND RELEASE

Volunteer Name _____ **Age** ____ **Male** ____ **Female** ____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Society for Handicapped Children and Adults to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any Society for Handicapped Winter Skiing Unlimited event. I further agree that Society for Handicapped Children and Adults may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

***x**

(if volunteer is under 18 Parent/Guardian must sign) Date

SOCIETY FOR HANDICAPPED CHILDREN AND ADULTS

2012 Winter Skiing Unlimited Volunteer Background Check Authorization

Please note: You must be 18 years old to consent to a background check, do not sign if under 18.

I, _____ (applicant name) hereby authorize Society for Handicapped Children & Adults of Stanislaus County to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy or any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the Society for Handicapped Children & Adults of Stanislaus County receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, **I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.**

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

(Signature of Applicant) (Date)

Date of Last Back Ground Check: _____ First Time Applying

Full Name of the Applicant _____

Address _____ City _____ Zip code _____

DOB: _____ Age _____ Sex: _____ Race: _____

Soc. Sec. No. _____ **REQUIRED**

Driver Lic. No. _____

State of Issuance _____

Date of Expiration _____