

**MAINE HANDICAPPED SKIING VOLUNTEER APPLICATION**

We appreciate your interest in our organization. Applications are received and volunteers are accepted without regard to race, creed, color, sex, religion, age, national origin or physical or mental handicap. The receipt of this application does not mean that openings exist, nor does it obligate MHS in any way.

**Personal Information:**

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle

Current Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Will you have your own season's pass for the upcoming ski season?  Yes  No If yes, which type? \_\_\_\_\_

Occupation: \_\_\_\_\_ Present Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Address City State Zip

No. of Years Employed: \_\_\_\_\_ Employer's Tel. #: \_\_\_\_\_

**Person to be notified in case of emergency:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Tel # \_\_\_\_\_

Have you applied to MHS before:  Yes  No If yes, when? \_\_\_\_\_

Have you previously been a volunteer or employee at MHS?  Yes  No

If yes, when? \_\_\_\_\_ Total number of years? \_\_\_\_\_

If you have a drivers' license: State \_\_\_\_\_, License # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Are you a veteran of the US military?  Yes  No Branch of Service \_\_\_\_\_

Are you interested in transporting participants from your area who may need a ride?  Yes  No

May we put your name, email address and phone number on a list available to all MHS volunteers?  Yes  No

**Office use only 09/10**

Supp ID \_\_\_\_\_ Vol ID \_\_\_\_\_ Date Rec'd \_\_\_\_\_

Are you 18 years of age or older?  Yes  No

Can you submit verification of your right to work in the United States?  Yes  No

Have you been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated or dismissed)?  Yes  No If yes, please explain (a conviction will not necessarily disqualify your application):

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

Has your drivers' license ever been suspended or revoked?  Yes  No  
If yes, please explain:

Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance or care of youth or disabled individuals?  Yes  No  
If yes, please explain:

Do you hold any specialized training or experience in working with people with physical disabilities? If so, please describe:

Do you have experience with American Sign Language?  Yes  No  
If yes, please give details:

Are you a member of other volunteer, professional, community or religious organizations?  Yes  No  
If so, please list:

Of those organizations, please star \* those you feel would be appropriate for MHS Outreach presentations.  
Would you be willing to make presentations on behalf of MHS.  Yes  No

**Summer Volunteers:**

Would you like to instruct (check all that apply)	<input type="checkbox"/> <b>Cycling</b>	<input type="checkbox"/> <b>Paddling</b>	<input type="checkbox"/> <b>Golf</b>
Years of participation	_____	_____	_____
Have you taken lessons?	_____	_____	_____
Please rate your ability (beginner, intermediate or advanced)	_____	_____	_____

Have you ever taught any of these professionally?  Yes  No If yes, please give details

Do you have any certifications in the activities listed above?  Yes  No If yes, please give details:

**Remainder of Application to be filled out by first year volunteers only, however,**

**\* ALL must sign back page.\***

## General Information

Maine Handicapped Skiing is in need of volunteers in any of the following areas. Please check the areas in which you have interest:

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Alpine Ski Instructor, Sunday River | <input type="checkbox"/> Snowmobile Driver   | <b>Summer Activities</b>          |
| <input type="checkbox"/> Alpine Ski Instructor, Sugarloaf    | <input type="checkbox"/> Office Work   | <input type="checkbox"/> Paddling |
| <input type="checkbox"/> Snowboard Instructor, Sunday River  | <input type="checkbox"/> Equipment Room  | <input type="checkbox"/> Cycling  |
| <input type="checkbox"/> Snowboard Instructor, Sugarloaf     | <input type="checkbox"/> Snowshoe Volunteer  | <input type="checkbox"/> Golf     |
| <input type="checkbox"/> Nordic Ski Instructor               | <input type="checkbox"/> Outreach  |                                   |
| <input type="checkbox"/> Photography                         | <input type="checkbox"/> Videography a skiing position w/ some knowledge of computers and video equipment. |                                   |

## Additional information for volunteer ski/snowboard instructors.

### Skiing Experience:

What would you like to instruct?

(check all that apply):

- Alpine**       **Snowboard**       **Nordic**       **Snowshoe**

Years of participation

\_\_\_\_\_

Have you taken lessons?

\_\_\_\_\_

Please rate your ability

(beginner, intermediate or advanced)

\_\_\_\_\_

If you are PSIA/AASI certified, please list type & level of certification:

I have had experience working with the following adaptive equipment or techniques: (check all that apply)

- |   |   |                                      |                                      |
|---|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Ski Bra              | <input type="checkbox"/> Nordic Sit Ski | <input type="checkbox"/> Three Track | <input type="checkbox"/> Snow Slider |
| <input type="checkbox"/> Mono-Ski             | <input type="checkbox"/> Four Track     | <input type="checkbox"/> Bi-Ski      | <input type="checkbox"/> Dual Ski    |
| <input type="checkbox"/> Other (please list): |   |                                      |                                      |

Do you have any current medical certifications:  CPR     Basic First Aid     Other, please list:

I have had experience working with people with the following disabilities: (check all that apply)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Blind/Visual Impairment  | <input type="checkbox"/> Cerebral Palsy       | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Spinal Cord Injury   | <input type="checkbox"/> Post Polio   |
| <input type="checkbox"/> Deaf/Hearing Impairment  | <input type="checkbox"/> Amputation           | <input type="checkbox"/> Brain Injury |
| <input type="checkbox"/> Autism                   | <input type="checkbox"/> Other (please list): |                                       |

(OVER)

**Personal References \* REQUIRED FOR FIRST YEAR VOLUNTEERS ONLY\***

Please list those who are familiar with your character as it relates to working with individuals with disabilities and/or youth. We send letters of reference to each of the names listed. **Please be sure to list complete mailing addresses.**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

**Certification and Acknowledgement**

I certify that all information submitted in this application form, or any resume, interview or other information, is true and complete and that I have not knowingly withheld, or will I withhold, any information that would affect my volunteer application. I understand that Maine Handicapped Skiing is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment or volunteer status. I also understand and agree that:

1. Inquiries may be made of my employer, previous employers or others who may have knowledge of me, or with investigative, or other private or governmental agencies that may have information concerning me and release all parties from any and all liability, claims or damages it made directly or indirectly from providing that information. I also agree to hold harmless Maine Handicapped Skiing, the officers, directors, employees and volunteers thereof.

2. I understand that if my application to participate as a volunteer at Maine Handicapped Skiing is accepted, my status as a volunteer may be terminated with or without cause or notice at my option or at the option of Maine Handicapped Skiing.

3. I understand that in signing this application, I affirm that the information I have given is true and correct.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature or typed name if completing online)

**Please return this form to:**

**Maine Handicapped Skiing  
8 Sundance Ln  
Newry, ME 04261  
207-824-0453 (fax)**

If you email this please save a copy and then email that copy to [schedule@skimhs.org](mailto:schedule@skimhs.org).