

MHS RETURNING VOLUNTEER APPLICATION

This application is for all Returning Volunteers. If you have not volunteered for MHS before, or it has been longer than 3 years, please call 207-824-2440 or email schedule@skimhs.org for a new volunteer application.

Please fill out all fields completely.

Personal Information:

Full Name: _____
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 Tel. #: _____

Person to be notified in case of emergency:

Name: _____ Relationship _____

Address: _____ Tel # _____

What was the last season you were a volunteer at MHS? _____ How many years have you been with MHS? _____

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

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

If you are ACA certified in any paddling discipline, please list type & level: _____

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

Would you be willing to mentor a new volunteer? Yes No

Office use only 09/10 Supp ID _____ Vol ID _____ Date Rec'd _____

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.

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, or digitally adding my name to this application, I affirm that the information I have given is true and correct.

(Date)

(Signature) (or printed 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.