

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)

09/10

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.
If you just send the form without saving we will not get your information.**