



2017-2018 WINTER SKIING UNLIMITED Volunteer Packet

December 16 January 20, 27 February 3 March 3, 10

What is the Winter Skiing Unlimited Program?

“Winter Skiing Unlimited” is a snow ski program for children and adults with diverse abilities. This program provides access to the sport of snow skiing for many blind, deaf, paraplegic, quadriplegic, and developmentally disabled individuals who would otherwise be denied the opportunity to experience this exhilarating activity. With the help of our volunteers and specially adapted equipment, there are few disabilities too severe to prevent participation.

Volunteer Opportunities

THANK YOU for volunteering! We NEED You!!

Volunteers will be trained on the day of the event. Non-skiers can help with loading & unloading equipment, registration and base-camp support. Skiers and snowboarders may volunteer on the slopes in a variety of ways.

Location

All of our ski dates are at Dodge Ridge Ski Resort near Pinecrest. Please meet at the Olympic Room, which is located on the lower level of the old (original) lodge—next to the ski shop between 8:30–9:00AM the day of your scheduled trip. A base-camp volunteer will check you in and provide instructions. 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 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 9AM and ends about 3PM.

What happens next?

You will receive 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 committed to volunteer the following Saturday. There is no need to respond to that reminder unless you cannot make the trip. Please remember the participants count on you; if you don't show up, a participant may not be able to participate in snow skiing.

Cost

Volunteers receive a free lift ticket. If you have an annual ski pass at Dodge Ridge please let the office know to save costs for the organization.

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 adverse weather conditions. Sometimes this decision is not made until the Friday before the trip; you will receive an email letting you know if it is cancelled. If you are unsure, please call the office.

Contact Information

Please mail completed forms to ATTN: Channa, Society for disABILITIES, 1129 8th Street, Modesto CA 95354. If you have any questions regarding the Winter Skiing Unlimited Program, please contact Channa at (209) 524-3536 or by email channa@societyfordisabilities.org

(Please keep this page for your records)



2017-2018 SNOW SKIING Volunteer Packet

Volunteer Name: _____ Gender M F
(PLEASE PRINT CLEARLY) _____ Age _____

Address: _____ City: _____ Zip: _____

Phone Home: _____ Work: _____ Cell: _____

Email Address ***REQUIRED** _____

Parent or Guardian Name(s) (if under 18)/**Emergency Contact** _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (H) _____ (W) _____ (C) _____

Email Address ***REQUIRED** _____

Volunteer Questions: Check all that apply

Skier Experience Level: Beginner Intermediate Advanced

Boarder Experience Level: Beginner Intermediate Advanced

Non Skier-Base Camp volunteer-registration: Yes No

Assist-lifting participants into sit skis: Yes No

Check Certifications: CPR Basic First Aid ASL Sign language

2017-2018 Ski Dates

Please check which date best fits your schedule

December 16 **January 20** **January 27** **February 3** **March 3** **March 10**

Many factors go into the selection of the dates, including but not limited to, availability of skilled volunteers, weather, needs of the participant regarding equipment and volunteer assistance and demand for certain ski dates. Flexibility is appreciated. Once participant rosters are full the Society will add volunteers as needed.

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**2017-2018 SNOW SKIING
INSURANCE WAIVER, RELEASE OF LIABILITY
& MEDIA RELEASE FORM**

PART 1-INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to volunteer in any way in Society for disABILITIES 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 disABILITIES 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 disABILITIES, 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 leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", 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 release 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.

*Volunteer Name _____ Date _____
(PLEASE PRINT CLEARLY)

*Volunteer Signature (18 and over) _____ Date _____

FOR VOLUNTEERS 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 Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases 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.**

*Parent/Guardian Name _____ Emergency Phone _____
(PLEASE PRINT CLEARLY)

*Parent Signature _____ Date _____

PART 2-MEDIA/PHOTO WAIVER AND RELEASE

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

*Volunteer Name _____ Date _____
(PLEASE PRINT CLEARLY)

*Volunteer Signature _____ Date _____

*Parent Signature (if volunteer is under 18) _____ Date _____



2017-2018 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 disABILITIES 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 disABILITIES 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)

First Time Applying: Yes No If No, Date of Last Back Ground Check _____

FULL NAME of Applicant: _____

Address: _____ City: _____ Zip code: _____

Birthdate (MM/DD/YYYY): _____ Age: _____ Gender: M F Race: _____

Social Security Number ***REQUIRED:** _____ Driver License Number: _____

State of Issuance: _____ Date of Expiration: _____