



ADVENTURE GUIDES FOR THE BLIND

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 disability. The receipt of this application does not mean that openings exist, nor does it obligate Foresight Ski Guides in any way.

Personal Information:

Full Name: _____ Date of Birth: _____
Last First Preferred Name (if different)

Current Mailing Address: _____

City _____ State: _____ Zip: _____

Telephone: Primary: _____ Secondary: _____ Other: _____

Email: _____

Previous Address: _____
If less than 5 years at current address

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 # _____

Do you have personal health insurance? Yes No

A copy of your health insurance card is required.

Have you had all recommended vaccinations against COVID 19?

1st 2nd Booster

Have you applied to Foresight Ski Guides before? Yes No

If yes, when? _____

Are you a veteran of the US military? Yes No

Branch of
Service

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

Are you 18 years of age or older? 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

If yes, please explain:

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 visual or physical disabilities? Yes No

If yes, please describe:

Do you have experience with American Sign Language? Yes No

If yes, please give details:

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

If you are PSIA/AASI, ACA, or certified by any other officially recognized body, please list type & level of certification:

Ski Season Only: Will you have a season's pass for the upcoming ski season? Yes No

If yes, which type? _____

Summer Only: Do you have experience teaching/instructing any of the following activities? (check all that apply)

- Stand Up Paddle Boarding
- Rock Climbing
- Hiking
- Archery
- Fly Fishing

Please indicate if you have had experience working with people with any of 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): | |

Personal References * REQUIRED FOR FIRST YEAR VOLUNTEERS ONLY* Everyone must sign below

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 or email addresses.**

Name: _____ Telephone: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Name: _____ Telephone: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

Name: _____ Telephone: _____

Mailing Address: _____
Street City State Zip

Email Address: _____

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 Foresight Ski Guides 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 Foresight Ski Guides, the officers, directors, employees and volunteers thereof.

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

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:

**Foresight Ski Guides
PO Box 882
Vail, CO 81658**

Or save a copy & email to christine@foresightskiguide.org