



FOR OUR VISUALLY IMPAIRED
PARTICIPANTS

RETURNING VOLUNTEER APPLICATION

This application is for all Returning Volunteers.

Personal Information:

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

Current Mailing Address: _____		
City: _____	State: _____	Zip: _____
Telephone: Primary: _____	Secondary: _____	Other: _____
Email: _____		
Emergency Contact Name: _____	Phone#: _____	
Emergency contact relationship: _____		
Occupation: _____	Employer Phone #: _____	
Present Employer: _____		

What was the last season you were a volunteer at Foresight Ski Guides? _____ How many years have you been with us? _____

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

Do you have personal medical insurance? Yes No

A copy of your health insurance card is required.

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

Winter 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 with 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)

Blind/Visual Impairment

Cerebral Palsy

Spina Bifida

Developmental Disability

Spinal Cord Injury

Post Polio

Deaf/Hearing Impairment

Amputation

Brain Injury

Autism

Other (please list):

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

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

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:

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 info@foresightskiguide.org