



**Adaptive Alpine Ski Program
Volunteer Information Form**

Name: _____ Email Address: _____ Date of Birth: _____

Address: _____

Phone: Home: _____ Work: _____ Cell: _____

Profession: _____ Employer: _____

Emergency Contact: Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

Skiing/Riding Volunteer

Skier: _____ Snowboarder: _____ (Check your preferred snowsport technique)

Beginner: _____ Intermediate: _____ Advanced: _____

Preferred Duties (Check all that apply):

Instructor/Adaptive Skier Support: _____; Ski Buddy: _____; Adaptive Ski Instructor Trainee: _____

Years of Skiing: _____ List any/all prior experience with adaptive skiing:

Non-Skiing Volunteer

Preferred Duties (Check all that apply):

Indoors: _____ (Registration: _____)

Outdoors: _____ (Boot-Loader: _____ ; Equipment: _____ ; Photography: _____)