

VOLUNTEER APPLICATION
DREAM ADAPTIVE RECREATION, INC.

2011-2012

*If volunteering as an employee of a school
or group - please indicate which one.*

Please Sign Pages 2,3,4

Day(s) That I Plan To Volunteer
M Tu W Th F Sa Su Varies
*(DREAM's major need
for volunteers is M - F)*

please print clearly

NAME _____ DATE OF BIRTH (mth/day/yr) _____

E-MAIL (please print) _____

CONTACT PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

E-MAIL (please print) _____

If under age 18

Parent/Guardians' Name _____ Phone _____

Address: Street _____ City _____ State _____ Zip _____

Parents' Employer _____ Phone _____

In Case of EMERGENCY, contact _____ Phone _____

MEDICAL HISTORY

Are there any medical conditions or disabilities that the DREAM Program Manager and or Supervisor should be aware of? _____ If yes,

Explain _____

Are you currently under a doctor's care? _____ If yes,

Explain _____

Doctor's Name _____ Doctor' Phone _____

Do you have any other special needs - medical, behavioral, or communicative? _____ if yes,
explain: _____

VOLUNTEER ON SNOW EXPERIENCE

SKIER ABILITY: Advanced Intermediate Novice

PSIA/AASI Certification: Certification Number: _____

(current or not current) Alpine Level: _____ Adaptive Level: _____

VOLUNTEER EXPERIENCE WITH DREAM or OTHER ADAPTIVE PROGRAMS

(Indicate where and nature of program if other than DREAM)

Number of years as a DREAM volunteer _____

Adaptive Areas/Equipment Trained in or used:

OTHER RELATED TRAINING/EXPERIENCE (EMT or medical training, educational training, etc...)

VOLUNTEER APPLICATION
DREAM ADAPTIVE RECREATION, INC.

2011-2012

DREAM WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in DREAM / WSI athletic/sports program and related events and activities, the undersigned:

1. Agree that prior to participating, (to the best of their ability) they each will inspect the facilities and equipment to be used, and if they believe that anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each 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 not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damage following such permanent disability or death.
4. Release, waive, discharge and covenant not to sue DREAM / WSI, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", 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 releasee or otherwise.
5. Grants DREAM permission to use my likeness, voice, and words in television, radio, film, or in any form to be used by DREAM for promotional and educational purposes.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

_____ *Printed Name* _____ *Signature* _____ *Date*

<u>If under age 18</u>	
Parent/Guardians' Signature _____	Date _____
Parent/Guardians' Printed Name _____	
Parent/Guardians' Phone _____	

VOLUNTEER APPLICATION
DREAM ADAPTIVE RECREATION, INC.

2011-2012

You Must Answer the Following and Show Proof of Identification

- | | | |
|--|----|-----|
| *1) Do you use illegal drugs? | No | Yes |
| *2) Have you ever been convicted of a criminal offence? | No | Yes |
| *3) Have you ever been charged with neglect, abuse or assault? | No | Yes |
| *4) Has your driver's license ever been suspended or revoked in any state? | No | Yes |

Identification Verification:

Drivers License # :

Student ID (school and #):

Other (indicate):

***PLEASE READ BEFORE SIGNING:**

I understand that:

- * The information that I have provided may be verified, and I give permission to DREAM to make inquiry of others, which may include a criminal background check to determine my suitability to act as a DREAM volunteer.
- * In the course of volunteering for DREAM, I may be dealing with confidential information and I agree to keep such information in the strictest of confidence.
- * The relationship between DREAM and volunteers is an "at will" arrangement, and that it may be terminated at any time without cause by either the volunteer or DREAM.

Signed _____

Date: _____

Signature of Parent or Guardian if volunteer is a Minor _____

Date: _____

If your School or Employer has a background check on file please indicate district or employer contact information here.

VOLUNTEER APPLICATION
DREAM ADAPTIVE RECREATION, INC.

2011-2012

DREAM VOLUNTEER CODE OF CONDUCT

SAFETY:

Safety is DREAM's number one priority. Always provide for the safety of the participant and yourself by obeying the skier's code and familiarizing yourself with the physical and mental needs and condition of the participant. Safety for yourself and others must always be considered. If any unsafe condition, conduct, or equipment is encountered, the activity must be stopped until a safe environment can be secured.

THE VOLUNTEER WILL ONLY USE EQUIPMENT THAT THEY ARE FAMILIAR WITH AND HAVE BEEN TRAINED ON THE PROPER USE THEREOF:

Be aware of and honest about your ability as a skier and your familiarity and comfort with using different types of equipment. DREAM staff and other volunteers will assist you as needed.

TICKETS

Tickets or vouchers issued to DREAM volunteers (and participants) are not transferable and are not to be resold.

INAPPROPRIATE TOUCHING WILL NOT BE ALLOWED:

In cases where the participant must be touched ask the permission of the participant (e.g. loading into a monoski or helping an individual get up after falling). If permission cannot be obtained, secure additional help and/or a witness.

INAPPROPRIATE LANGUAGE WILL NOT BE TOLERATED:

This includes swearing and any demeaning and/or sexually explicit language or innuendo.

THE USE OF DRUGS AND/OR ALCOHOL WHILE REPRESENTING DREAM IS FORBIDDEN:

The daily coordinator has the obligation and right to refuse to let someone volunteer or participate if they suspect that the individual is under the influence of drugs and/or alcohol.

BE ON TIME AND SHOW UP AS SCHEDULED:

If you will be late or cannot show up, please call to let us know ASAP.

UNDERSTAND AND ABIDE BY THE SKIERS RESPONSIBILITY CODE

(The Montana Skier Responsibility Act of 1989)

When participating as a DREAM Volunteer/Participant, I agree to abide by the above DREAM volunteer Code of Conduct and the Skiers Responsibility Code(The Montana Skier Responsibility Act of 1989).

Name: _____ Date: _____