



ARISE & Ski Volunteer Application

We consider applicants for all positions without regard to race, religion, creed, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Return Completed Application To: ARISE & Ski, 635 James Street, Syracuse, NY 13203

PLEASE PRINT LEGIBLY OR TYPE. All required information must be completed. Failure to complete this application may result in disqualifying you for volunteer consideration.

Position Applied For: _____ Date: _____

How did you learn about us?

- ARISE Website
 Indeed
 Newspaper
 Relative/Friend
 Employment Agency
 Inquiry
 Advertisement
 Job Fair
 Other (please specify): _____

APPLICANT INFORMATION

First Name: _____ Last name: _____ MI: _____

Street Address: _____

Apt/Unit # _____ City: _____ State: _____ Zip: _____

Phone #: _____ Alternate Phone #: _____

E-mail Address: _____

Best time to contact you (AM/PM): _____

Date available to volunteer: _____

Have you ever filed an application with us before? Yes No

If yes, please list date: _____

Have you ever been employed or volunteered with us? Yes No

If yes, please list date: _____

If yes, please name your student(s): _____

Have you worked with another volunteer? Yes No

If yes, please give their name(s): _____

LIST YOUR SCHEDULE & VOLUNTEER PREFERENCE

Dates & Times Available

- Saturday: 9:00 – 11:30
- Saturday: 12:30 – 3:00
- Sunday: 9:00 – 11:30
- Sunday: 12:30 – 3:00

Volunteer Preference

- On Hill Teaching Volunteer
- Non-Skiing Volunteer (runner, equipment, lodge attendant)

ARISE & SKI Mission Statement

ARISE & Ski is dedicated to providing winter sports education and recreation to people of all abilities in a fun and safe environment. We believe that all people have the right and ability to participate in recreational opportunities. With the support of Toggenburg Mountain Winter Sports Center and volunteers from the CNY area we are committed to ensure that all individuals have the opportunity to participate in winter sports to their fullest potential while maintaining their dignity, personal responsibility and self-determination.

To help us best match you with individuals, if you plan to ski, please answer the following:

Gender: Male Female Age: _____ Height: _____

NEW VOLUNTEERS: Please write a brief essay answering one of the following two questions:

1. Explain why you'd like to volunteer for ARISE & Ski and describe your experiences working with individuals with disabilities.
2. Please comment on the ARISE & Ski mission statement—what does it mean to you and why would you like to volunteer for ARISE & Ski?

Snow Sports Experience

Please state "N/A" if not applicable.

Have you had formal ski or snowboard instruction? Yes No

Do you ski or snowboard? Yes No

What is your skill level?

Beginner Intermediate Advanced Expert N/A

Do you have ski teaching or coaching experience? Yes No

If yes, where?

Location & Dates: _____

Location & Dates: _____

Please list any other adaptive sports experience:

Please list any special education background:

Have you worked with people with disabilities? Yes No

If yes, where?

Location & Dates: _____

Location & Dates: _____

Volunteer's Statement

As an ARISE & Ski volunteer I understand that I will be expected to participate in mandatory pre-season training consisting of program information and disability education. I further agree to participate in on-hill trainings that will take place prior to and during our season. I understand that if I fail to participate in these training sessions I may not be able to volunteer with the ARISE & Ski program.

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for volunteer service as may be necessary in arriving at a decision. In the event of acceptance for volunteer service, I understand that false or misleading information given in my application may result in discharge from service. I also understand that I am required to abide by all rules and regulations of ARISE.

All Volunteers
Must Review
& Sign



Volunteer Signature

Date

Liability Release

ADULT VOLUNTEERS (OVER 18 YEARS OLD)

I would like to participate in the ARISE & Ski program. I acknowledge the risks and potential risks that I am taking, but believe the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims against ARISE, ARISE at the Farm, its Board of Directors, volunteers, and employees for any injuries and/or losses that I may sustain while I participate in the ARISE & Ski program.

All Volunteers
over 18 Must
Review & Sign



Volunteer Signature

Date

PARENT OF VOLUNTEER (AGES 14 THROUGH 18)

I approve of my child's participation in the ARISE & Ski program. I acknowledge the risks and potential risks that my child is taking, but believe the potential benefits outweigh the risks assumed. I hereby, intending to be legally committed for myself, my heirs and assignees, executors and administrators, waive and release forever all claims against ARISE, ARISE at the Farm, its Board of Directors, volunteers, and employees for any injuries and/or losses that my child may sustain while he/she participate(s) in the ARISE & Ski program.

All Volunteers
under 18 Must
Have Parent
Review & Sign



Signature of Parent/Legal Guardian of Volunteer Under 18

Date

Print Parent or Legal Guardian Name

Phone Number

ARISE & Ski Reference Verification Form

*******To Be Filled Out By First Time Volunteers Only*******

Volunteers, please complete the highlighted fields and please list 1 professional or personal reference that we may contact in consideration for any volunteer opportunities. If you do not have professional or employment references, please list alternative references, such as from volunteer work.

References, please complete questionnaire and fax completed form to ARISE & Ski, Attn: Cathy Foertch at 315-472-9252.

Applicant Name: _____

Applicant Authorization for Verification of References

I am applying for a volunteer position with ARISE. I am requesting the release of the requested information to ARISE.

Applicant Signature: _____ **Date:** _____

Reference Name: _____ **Phone Number:** _____

Reference Address: _____

Relationship to Applicant: Manager/Supervisor Co-Worker/Colleague Friend
 Other (Please List) _____

How many years have you known this person?	
What are the applicant's strengths?	
How would you describe the applicant's interpersonal skills?	
Would you have any concerns about the applicant working with children and adults who have disabilities?	

Your Name

Title

Signature

Date

ARISE Confidentiality Statement

I shall respect the privacy concerns of the people served by ARISE, and shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person and/or persons served. Therefore, I will not disclose an individual's confidential information to anyone, except:

1. To prevent clear and immediate danger to a person or persons;
2. When I am compelled to do so by a court or pursuant to the rules of a court;
3. As mandated by law.

I shall possess a professional attitude that upholds confidentiality toward the people we serve, colleagues, applicants and any situations that occur within ARISE. I shall store and/or dispose of professional records in ways that maintain confidentiality.

In addition, I understand that New York State Public Health law Article 27-F strictly prohibits the disclosure of the following types of information without the written consent of the individual:

1. Information indicating that a person has been tested for HIV and/or AIDS;
2. Information that a person has an HIV infection or AIDS, or is being treated for same;
3. Information that would suggest a person has been or may have been exposed to HIV and/or AIDS.

I, upon completion of my volunteer service, shall maintain individual and coworker confidentiality and I shall hold confidential any information about sensitive situations within ARISE.

I understand that all information pertaining to ARISE, its employees, Board of Directors, and individuals is strictly confidential. Any release of confidential information without prior approval from the Executive Director is prohibited; and may result in disciplinary action up to and including termination of internship or volunteer service. In addition, according to New York State law, any unauthorized disclosure of HIV and/or AIDS protected health information under Article 27-F is a violation of state law and may result in a fine or jail sentence or both.

Volunteer Signature

Date

Print Name

ARISE Emergency Contact Form

I, _____, as a volunteer of ARISE Child & Family Service, understand that during the course of my volunteer service with the Agency an emergency may arise. In the event of such an emergency, I authorize the Agency to contact the following on my behalf.

My home phone number: _____

1. _____

Emergency Contact Name

Address

Home Phone

Work Phone

Relationship

2. _____

Emergency Contact Name

Address

Home Phone

Work Phone

Relationship

Volunteer Signature

Date



Photo Release Form

I, _____, (*Full Name of Volunteer Applicant or Parent/Legal Guardian if under 18*), grant permission to ARISE Child and Family Service, and ARISE & Ski, their successors, licensees, and assigns, the right to use to the photographs or films taken of me, or members of my family, without compensation, for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium.

I acknowledge that I am:

Over the age of 18 OR

The parent/legal guardian of the following volunteer under 18:

Volunteer Name: _____

Volunteer's Date of Birth: _____

- I understand that use of the photographs/films taken of me may reveal or imply information about myself/my family member.
- I understand I may withdraw my permission at any time by writing to the address listed below. I understand that the withdrawal will not apply to photographs/videos that have already been released in response to this authorization.
- I understand that my/my family member's eligibility and participation in ARISE programs will not be affected if I do not sign this form.
- This form will expire when the Participant's involvement with ARISE ends or when permission is withdrawn in writing as noted above.

Volunteer Signature

Date

Address

Phone Number



**RENTAL AGREEMENT
and
RELEASE FROM LIABILITY**



(315) 683-5842 Date: _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Shoe Size _____ Weight _____ Height _____ Age _____

ID# _____

Check your Level of Ability: I II III

PLEASE READ CAREFULLY BEFORE SIGNING

- I accept for use, as is, the equipment listed on this form and accept full responsibility for its care while it is in my possession.
- I agree to reimburse Toggenburg for any loss or damage other than reasonable wear resulting from use.
- I accept and clearly understand that there are inherent risks involved in the sport of skiing and boarding that injuries are a common and ordinary occurrence and I freely accept these risks.
- I understand that the ski/boot/binding system which I have rented will not release at all times nor under all circumstances and does not guarantee my safety.
- I have received instruction on the use of any equipment and fully understand its use and function.
- I agree to hold harmless and indemnify and release Toggenburg and its owners, agents, and/or employees, including ski instructors, manufacturers and distributors thereof, from any and all liability for damage, injury to myself or any person, including while taking a lesson, death and/or property damage, resulting from negligence, conditions of the premises, operation of the ski and boarding area, rental or operation of equipment, installation, maintenance, selection, adjustment, and use of the equipment and/or actions and/or omissions of Toggenburg and its owners, agents, and/or employees, accepting myself the full responsibility for any and all such damage, injury, or death which may result.
- I have made no misrepresentations to Toggenburg in regard to my height, weight, age or skier type and agree to return all equipment by the agreed date and time to avoid additional charges.
- This agreement is governed by the applicable law of New York State. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.
- I have read, reviewed and understand the "WARNING TO SKIERS" posted at this ski area. I signify that I am aware and understand the risks inherent in the sport of skiing snowboarding as set forth on the "WARNING TO SKIERS."
- I agree that all disputes and/or lawsuits under this contract and/or from my use of the facilities at Toggenburg shall be litigated exclusively in the Supreme Court of the State of New York, County of Onondaga, or in the United States District Court for the Central District of New York.

PLEASE DO NOT WRITE BELOW THIS LINE

BOOTS #	SKIS	BINDINGS SETTINGS
SNWBRD BOOTS #	SNOW DOGS #	SNBRD #

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE ABOVE RENTAL AND RELEASE FROM LIABILITY AGREEMENT.

I VERIFY THAT THE VISUAL INDICATORS ON MY BINDINGS CORRESPOND TO THE SETTINGS AS SHOWN ON THIS RENTAL AGREEMENT FORM

SKIER APPROVAL: _____

If minor signature of parent or guardian required

PARENT/GUARDIAN/EMPLOYEE: _____