



ARISE & Ski Volunteer Application Ski Season, 2020

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 Attn: Cathy F.
635 James Street, Syracuse, NY 13203
cfoertch@ariseinc.org

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: _____

APPLICANT INFORMATION

First Name: _____ Last Name: _____ MI: _____
Street Address: _____ Apt/Unit # _____
City: _____ State: _____ Zip: _____
Phone #: _____ Alt Phone: _____
E-mail: _____

Were you a ARISE & Ski Volunteer in the 2019 season? YES ____ NO ____

*By answering this question, you help guide our planning for required annual volunteer trainings.

Please list the names of ARISE & Ski students you have supported in the past:

Have you worked with another volunteer? YES ____ NO ____

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

Please note it is not a guarantee you will be paired with specific students/volunteers during the 2020 season

LIST YOUR SCHEDULE & VOLUNTEER PREFERENCE

Important: Please only check days and times which you plan to regularly attend. We consider your preferences while pairing volunteers with students, and your consistent attendance is very important for planning purposes

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)
- No preference; whatever is available

If you wish to participate in a **text blast** in the event of cancellation, or for other information, please include your cell phone number here so we can add you to the list.

Cell Phone Number: _____



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 with the support of Toggenburg Mountain Winter Sports Center and volunteers from the CNY area.

How did you learn about us?

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

Snow Sports Experience

Please state "N/A" if not applicable.

1. Have you had prior formal ski or snowboard instruction? YES ____ NO ____
 If yes, please explain: _____

2. Please check if you Ski Snowboard Neither

3. What is your skill level? Beginner Advanced Expert N/A

4. Do you currently hold a PSIA certification? YES ____ NO ____
 If yes, what concentration and level do you hold? _____

5. Do you currently hold a AASI certification? YES ____ NO ____
 If yes, what concentration and level do you hold? _____


6. Do you have any ski teaching or coaching experience? YES ____ NO ____
 If yes, where have you taught and for how long? _____

7. Please list any other adaptive sports experience you have:

8. Please list any special education background:

Volunteer 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 hill trainings that will take place prior to and during the 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 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 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

_____ Primary telephone #
 Print Parent or Legal Guardian Name (if applicable)



Reference Verification Form
For First Time Volunteers ONLY

Volunteers, please complete the highlighted fields and provide one (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 past or current volunteer work.

Volunteer Name: _____

Volunteer 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.

Volunteer Signature: _____ Date: _____

Reference Name: _____ Phone Number: _____

Reference Address: _____

Relation to Volunteer: _____

References, please complete questionnaire below and fax completed form to:

ARISE & Ski, Attn: Cathy Foertch at 315-472-9252 or scan it to cfoertch@ariseinc.org

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?	

Signature of Reference

Date

Print Reference Name

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



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 occur. In the event of an emergency, I authorize ARISE Child & Family Service to contact the following on my behalf.

My home phone number: _____

1. _____
Emergency Contact Name

Address

Primary Phone

Alternate Phone

Relationship

2. _____
Emergency Contact Name

Address

Primary Phone

Alternate Phone

Relationship

Volunteer Signature

Date

Print Name



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's Name: _____

Volunteer's Date of Birth: _____

Please initial next to each statement:

_____ 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: _____