



**DISABLED
SPORTS
EASTERN
SIERRA**

**VOLUNTEER APPLICATION
2014-2015**

P. O. Box 7275
Mammoth Lakes, CA 93546
760.934.0791
FAX 760.934.0729

CONTACT INFORMATION:

Name:	Date of Birth:	
Mailing Address:		
City, State, Zip:		
County:	Country:	
Mobile:	Business:	
Home:	Primary Contact Number:	
Email Address:		
Occupation:	Employer:	
Gender: <input type="checkbox"/> -M <input type="checkbox"/> -F	Shoe/Boot Size:	T-Shirt Size:
Emergency Contact:	Relationship:	Phone Number:

How did you hear about our program?	<input type="checkbox"/> -Internet	<input type="checkbox"/> -Family	<input type="checkbox"/> -Friend
	<input type="checkbox"/> -Mammoth Mountain Ski Area	<input type="checkbox"/> -Town of Mammoth Lakes	<input type="checkbox"/> -TV
	<input type="checkbox"/> -Radio	<input type="checkbox"/> -Newspaper	<input type="checkbox"/> -Other
	<input type="checkbox"/> -DSES Member		

MILITARY SERVICE INFORMATION:

U.S. Armed Forces? <input type="checkbox"/> -Yes <input type="checkbox"/> -No (if No, proceed to next section)	
Branch of Service:	Rank:
Are you a: <input type="checkbox"/> -guest/family member	<input type="checkbox"/> -veteran support staff
<input type="checkbox"/> -Service Member injured Pre-2001	<input type="checkbox"/> -Service Member injured Post-2001
Years of Active Duty:	Date of Separation From Active Duty:
Length of active Service:	



VOLUNTEER INFORMATION

Name:				
Under 18: <input type="checkbox"/> -Yes <input type="checkbox"/> -No		Birthplace (for Nametag!)		
List any experience you have had working with the disabled (if none, that is ok):				
What clubs, organizations, ski clubs or other groups have you volunteered with or belonged to in the past five years?				
Other Skills: please check any activities, skills, knowledge you may have and note your level of expertise:				
<input type="checkbox"/> Artistic/Creative	<input type="checkbox"/> Athletics	<input type="checkbox"/> CPR Certification	<input type="checkbox"/> Catering/Food Service	<input type="checkbox"/> Cooking/Baking
<input type="checkbox"/> Data Entry	<input type="checkbox"/> EMT/1 st Aid Cert.	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Fishing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Hand Cycling	<input type="checkbox"/> Heavy Lifting	<input type="checkbox"/> Hiking	<input type="checkbox"/> Mountain Biking
<input type="checkbox"/> Nat'l History/Ecology	<input type="checkbox"/> Office Skills	<input type="checkbox"/> Road Biking	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Running
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Swimming	<input type="checkbox"/> Trade Work	<input type="checkbox"/> Transportation	
Please list any additional skills				
Foreign Languages Spoken:				
<input type="checkbox"/> -Spanish-some	<input type="checkbox"/> -French-some	<input type="checkbox"/> -Japanese-some	<input type="checkbox"/> -German-some	<input type="checkbox"/> -Italian-some
<input type="checkbox"/> -Spanish-good	<input type="checkbox"/> -French-good	<input type="checkbox"/> -Japanese-good	<input type="checkbox"/> -German-good	<input type="checkbox"/> -Italian-good
<input type="checkbox"/> -Spanish-fluent	<input type="checkbox"/> -French-fluent	<input type="checkbox"/> -Japanese-fluent	<input type="checkbox"/> -German-fluent	<input type="checkbox"/> -Italian-fluent
Other Languages:				
Sign Language: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited				

Primary On Snow Discipline	<input type="checkbox"/> -Alpine Ski/2 Track	<input type="checkbox"/> -Snowboard	<input type="checkbox"/> -XC-Stand Up
	<input type="checkbox"/> -XC-Sit Down	<input type="checkbox"/> -Telemark	<input type="checkbox"/> -Mono-Ski
	<input type="checkbox"/> -3 Track	<input type="checkbox"/> -4 Track	<input type="checkbox"/> -None
Additional On Snow Disciplines:	<input type="checkbox"/> -Alpine Ski/2 Track	<input type="checkbox"/> -Snowboard	<input type="checkbox"/> -XC-Stand up
	<input type="checkbox"/> -XC-Sit Down	<input type="checkbox"/> -Telemark	<input type="checkbox"/> -Mono-Ski
	<input type="checkbox"/> -3 Track	<input type="checkbox"/> -4 Track	<input type="checkbox"/> -Snow-Bike
PSIA Certifications:			
Alpine: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Snowboard: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	Telemark: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	XC: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Adaptive: <input type="checkbox"/> 1 in <input type="checkbox"/> Cog <input type="checkbox"/> VI <input type="checkbox"/> 3T <input type="checkbox"/> 4T <input type="checkbox"/> MS <input type="checkbox"/> BS	Adaptive <input type="checkbox"/> 2 Adaptive <input type="checkbox"/> 3		
Adaptive Snowboard 1 <input type="checkbox"/> Sit Down <input type="checkbox"/> Stand-up <input type="checkbox"/> Cog <input type="checkbox"/> VI	Adaptive Snowboard <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Spec. Certificates: <input type="checkbox"/> Children's 1 <input type="checkbox"/> Children's 2 <input type="checkbox"/> Senior 1 <input type="checkbox"/> Senior 2 <input type="checkbox"/> Pipe & Park <input type="checkbox"/> Tech Team			



VOLUNTEER INFORMATION (cont'd)

Have you ever been convicted of a felony? Yes ___ No ___ if yes, please explain:

I am volunteering to receive: N/A school credit community service hours

Volunteer Goals:

- Specific Trainings Specific Certifications Teaching Skills
 Skier/Rider Improvement Knowledge of Disabilities Social
 Other Please explain:

I would like to volunteer in the following areas:

- Winter Instructor
 Summer Instructor
 Office
 Equipment
 Graphic Design
 Grant Writing & Marketing
 Other, please explain:

Please list any concerns, fears or limitations:

Explanation of fears, concerns or limitations:

Please list any disabilities of which you'd like us to be aware:

Please list anything else that you would like to share that would benefit DSES:

Please list your references:

Reference#1: _____

Relationship: _____ Phone: _____

Reference#2: _____

Relationship: _____ Phone: _____