



2013 Alpine Alternatives Volunteer Application

Name \_\_\_\_\_ Email \_\_\_\_\_

Address (please list a good address where you can receive mail all year)

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cel) \_\_\_\_\_

Employer/School \_\_\_\_\_

Occupation \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

\*\*\*\*\*

How did you hear about us? \_\_\_\_\_

Please list your past/present work experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What experience do you have working with individuals with disabilities?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any training, certifications, course work, or additional volunteer experience which may be applicable to your Alpine Alternatives experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach a resume or separate sheet of paper if you wish to share any additional information with us.

Do you use illegal drugs? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Have you ever been convicted of a criminal offense? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Have you ever been charged with neglect, abuse, or assault? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Has your drivers license ever been suspended/revoked in any state? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Please explain yes answers \_\_\_\_\_

\*\*\*\*\*

Please list two references that are NOT family members:

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____
Relationship _____	Relationship _____

\*\*\*\*\*

**PLEASE READ BEFORE SIGNING**

I understand that:

- \* In the course of volunteering for Alpine Alternatives, Inc., I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- \* I have read and understand the counselor responsibilities listed on the first page and I am willing and able to fulfill those requirements.
- \* The relationship between Alpine Alternatives, Inc. and volunteers is an "at will" arrangement, and it may be terminated at any time without cause be either the volunteer or Alpine Alternatives, Inc.
- \* I grant Alpine Alternatives, Inc. to use my likeness, voice, and words in television, radio, film, or any form to promote activities of Alpine Alternatives, Inc.
- \* I grant Alpine Alternatives, Inc. permission to conduct a criminal background check.

I affirm that I have read the above and that the information I have given is true and complete:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



2013 Alpine Alternatives  
Consent for Medical Treatment Form

I, \_\_\_\_\_, hereby grant permission to the staff of Alpine Alternatives, Inc., or in case of emergency the community hospital, to administer treatment as necessary. This permission is granted for all of the Alpine Alternatives programs that I attend.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature: \_\_\_\_\_

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In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ (cel) \_\_\_\_\_

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Please provide us with information on your Health History that will be pertinent in an emergency (allergies, infectious diseases, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dietary needs for camps (including lactose intolerant, food allergies, vegetarian needs, etc.) \_\_\_\_\_

Current medications \_\_\_\_\_

\_\_\_\_\_

Do you have any limitations and/or disability that could have an impact on your ability to fulfill your responsibilities as a volunteer? Please explain \_\_\_\_\_

\_\_\_\_\_

Is there any additional information that you would like to share with us? \_\_\_\_\_

\_\_\_\_\_

Do you carry medical/hospital insurance? \_\_\_\_\_ If yes, please list carrier name and phone number: \_\_\_\_\_



AUTHORIZATION TO UTILIZE AUDIOVISUAL PRODUCTS

Alpine Alternatives has frequent occasion to illustrate and explain its programs and activities for volunteer recruitment, fund raising, enhancing community awareness, news releases, brochures, reports, etc. Toward these efforts it is most beneficial to use photographs of our activities and participants. However, we would never intentionally offend our clients, friends, and supporters without their understanding and consent. Should you feel comfortable in assisting in this manner, we would appreciate your consent.

I, as parent/guardian with legal responsibility for this participant, or as a volunteer/staff of legal age, consent to Alpine Alternatives, Inc. using any audiovisual products for such purposes as described above.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY  
and MEDIA RELEASE FORM**



**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in Disabled Sports USA and Alpine Alternatives related events and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise Disabled Sports USA and Alpine Alternatives of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor 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 only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Disabled Sports USA and Alpine Alternatives, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors 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. Acknowledge and fully understand the requirement to use a helmet when participating in the following sports: Alpine skiing, cycling, equestrian, hockey, outdoor rock climbing, snowboarding, white water kayaking and white water river rafting. While I understand that helmets are intended to reduce the risk of serious head injury, I accept that no helmet can fully eliminate or prevent injury to the head, neck, spinal cord, face or any other part of the body. I further recognize that helmets have limited capability as far as shock absorption and that serious injury or death can result from both low and high-energy impacts, even when a helmet is worn. I agree that if the helmet is damaged or involved in any kind of accident, I will stop using it immediately.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_  
Participant's Signature                      Participant's Name (PLEASE PRINT CLEARLY)                      Date

**FOR PARTICIPANTS UNDER THE AGE OF 18                      Date of Birth \_\_\_\_\_**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X \_\_\_\_\_  
Parent/Legal Guardian Signature      Parent/Legal Guardian Name      Relationship      Emergency Phone      Date

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Disabled Sports USA and Alpine Alternatives to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Alpine Alternatives may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

X \_\_\_\_\_  
Participant's Signature                      Participant's Name (PLEASE PRINT CLEARLY)                      Date

**FOR PARTICIPANTS UNDER THE AGE OF 18**

X \_\_\_\_\_  
Parent/Legal Guardian Signature      Parent/Legal Guardian Name      Relationship      Emergency Phone      Date