



Foresight Ski Guides Guide/Shadow Application



Chapter



Member

Name: _____ Birthdate: _____

Address:

Street _____ City _____ State _____ Zip _____

Phone: _____
Home _____ Work _____ Cell _____

Email: _____ Fax: _____

I am usually a: Skier Snowboarder

Ski level: Never tried I- beginner II - intermediate III- advanced

Snowboard level: Never tried I - beginner II - intermediate III - advanced

Do you have any applicable certifications, such as member of PSIA or Professional Ski Patrol?
Please describe.

Do you have any prior experience guiding disabled skiers? Yes No
If yes, please describe.

Do you have medical insurance? Yes No

Why are you interested in becoming a volunteer for Foresight Ski Guides?

What type of time commitment are you looking for? How frequently would you be available to guide?
(Note: Foresight is requesting a minimum commitment of 2 days per month once training is completed.)

What days do you typically expect to be available to guide? (check all that apply)

Weekend days Weekdays Holidays Other, please list _____

Have you ever been convicted of a felony? Yes No . If yes, please explain.

Have you ever used another name? Yes No If yes, please list: _____

Please list three personal references - not related to you. If you have had any previous volunteer experience, you may use that as a reference.

Name	Company	Phone Number	Relationship to You

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship to you: _____

Address _____

Phone: Home: _____ Work: _____ Cell: _____

I certify that all answers provided on this application are true and complete to the best of my knowledge. I agree to allow Foresight Ski Guides to investigate all statements made on this application. I release Foresight Ski Guides from any and all liability as a result of this investigation into my background and past experience. Exploration may take place via interviewing former supervisors, personal references and a criminal background investigation. I understand that any false answer could result in immediate disqualification and/or dismissal from Foresight Ski Guides. I further pledge that there are no circumstances which may hinder me from performing my volunteer duties as a ski guide for people with disabilities.

Applicant Signature _____

Date _____

Send completed applications to:

foresightskiguides@gmail.com
 Foresight Ski Guides • P.O. Box 18944 • Denver CO 80218
 PHONE 303-506-3859

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