Oregon Adaptive Sports
VOLUNTEER APPLICATION

Name_____ Home phone_____

Mailing Address_____ Pager/Cell/Other_____

City, State, Zip_____ Work Phone_____

Occupation_____ Employer_____

Emergency Contact_____ Emergency Contact Phone_____

Days you are available_____ Email_____

Years Skiing_____ Skiing Ability (beg/int/adv)_____ Height*_____ Weight*_____ Age*_____ M/F*_____

*Denotes optional item)

Primary area of interest (circle): on-hill volunteer equipment room events fund raising/grant writing other

Briefly describe why you want to volunteer for OAS and what you hope to gain._____

_____

_____

Please describe your experience teaching people with disabilities and/or other volunteer or teaching experience.

_____

_____

_____

OAS relies on the creative work of volunteers for special events, community outreach and administration. Please list other skills and talents that you would be willing to share with OAS (computers, equipment, special events, outreach, creative writing, fundraising, carpentry, etc.)_____

_____

_____

_____

Please describe any physical limitations or concerns that you may have that could influence your volunteer experience. (Limitations will not in and of themselves disqualify you from volunteering.)

_____

_____

How did you find out about us?_____

RELEASE FORM LIABILITY AND AUTHORIZATION TO CHECK REFERENCES

I certify that the information given herein is true and complete to the best of my knowledge. I assume all risks and hazards incidental to the conduct of the activity; and I do further hereby release, absolve, indemnify and hold harmless the organizers, supervisors, OAS, any and all of them. In case of personal injury, I hereby waive all claims against the organizers, OAS, or any of the supervisors appointed by them. I hereby give my consent for emergency medical treatment. I also agree to allow OAS to use and reproduce my name and/or likeness in publications and information pieces.

I UNDERSTAND THAT I WILL NOT BE COMPENSATED FOR MY VOLUNTEER SERVICE WITH OAS.

_____ _____ _____

Applicant's Printed Name Signature Date