

ARISE

& Ski

TOGGENBURG MOUNTAIN

Volunteer Application

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.

PLEASE PRINT

Last Name	First Name	MI
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Address	Number	Street	City	State	Zip Code
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Email

Primary Telephone Number	Alternate Phone Number
Emergency Contact Name	Emergency Contact Phone Number

Have you ever volunteered with us before? Yes No
If yes, give dates _____

If yes, please name your student(s) _____

Have you worked with another volunteer? Yes No
If yes, please give their name(s) _____

You want to volunteer: Sat. 9:00-11:30 Sat. 12:30-3:00
 Sun. 9:00-11:30 Sun. 12:30-3:00

Type of volunteer preference: on hill teaching volunteer
 non-skiing volunteer (runner, equipment, lodge attendant)

Mission Statement

ARISE & Ski is dedicated to providing winter sports education and recreation to people of all abilities in a fun and safe environment. We believe that all people have the right and ability to participate in recreational opportunities. With the support of Toggenburg Mountain Winter Sports Center and volunteers from the CNY area we are dedicated to ensure that all individuals have the opportunity to participate in winter sports to their fullest potential while maintaining their dignity, personal responsibility and self-determination.

To help us best match you with consumers, if you plan to ski, please answer these three questions:

Gender: _____ Age: _____ Height: _____

NEW VOLUNTEERS: on a separate piece of paper please write a brief essay answering one of the following two questions:

A) Explain why you'd like to volunteer for ARISE and Ski and describe your experiences working with individuals with disabilities.

B) Please comment on the ARISE and Ski mission statement - what does it mean to you and why would you like to volunteer for ARISE and Ski?

SNOW SPORTS EXPERIENCE

Have you had formal ski or snowboard instruction? Yes No

Do you ski or snowboard? Ski Snowboard

What is your skill level? : Beginner Intermediate Advanced Expert

Do you have ski teaching or coaching experience? Yes No

If yes, where _____ Dates: _____

Where _____ Dates: _____

Please list any other adaptive sports experience: _____

Please list any special education background: _____

Have you worked with people with disabilities? Yes No

If yes, where _____ Dates: _____

Where _____ Dates: _____

VOLUNTEER'S STATEMENT

ARISE & Ski provides mandatory training to all volunteers. This training is offered to ensure the safety of both our students and volunteers. 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 on-hill trainings that will take place prior to and during our 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.

Signature of Applicant

Date

Liability Release, Adult Volunteer: I would like to participate in the ARISE and 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 and Ski program.

Participant Signature

Date

Liability Release, Parent of Volunteer between 14 years and 18 years old: I approve of my child's participation in the ARISE and 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 and Ski program.

Signature of Parent or legal guardian of volunteer under 18 years old

Date

Please print:

Parent or legal guardian's name

Phone number

Please Return Completed Form To: ARISE & Ski 635 James St. Syracuse, NY 13203, 315-671-3094



Since 1794

Onondaga County Sheriff's Office

407 South State Street
Syracuse, New York 13202
Records Section (315) 435-3010

Criminal History Records Check

*** Not Valid Without Onondaga County Raised Seal ***

Print or Type Information AND Submit with Authorizing Party's Original Signature

I, the undersigned, hereby authorize the Onondaga County Sheriff's Department to release to _____ any Sheriff's Department records or police records that may be associated with the Sheriff's Records, located in the central repository for such police / criminal history records, on file under the following name (s).

Legal Name

(Last Name) (First Name) (Middle Initial)

Also Know As (AKA)
Maiden Name

(Last Name) (First Name) (Middle Initial)

Date of Birth

Social Security #

Current Address

Previous Address

It is understood that this search is of Sheriff and associated police records and may or may not include information from other police agencies. The authorizing party hereby agrees to indemnify and save harmless the Onondaga County Sheriff's Department, it's officers and employees from and against any and all claims, demands, actions, suits, and proceedings by others against all liability to others, including but not limited to any liability for damages by reason of or arising out of any cause or action whatsoever, and against any loss, cost, expense or damages resulting therefrom, arising from or involving any negligence on the part of the authorizing party in the execution of this criminal history records check. This form is an official document of the Onondaga County Sheriff's Office therefore any alteration or false information provided will result in criminal prosecution.

Signature _____

Date _____

<p>Sheriff's Records Reveal (Yes / No) Police Record Under Name (s) Indicated</p> <p>Searched By: _____</p> <p>Date : _____</p> <p><i>Valid Only with Onondaga County Raised Seal</i></p>

Date	Charge (s)	Agency
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Notice : This form must be notarized if not presented in person.

Notary Public

ARISE Confidentiality Statement

I shall respect the privacy concerns of the people served by ARISE, and I 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 consumer:

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 consumer 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 consumers / clients 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.

Signature of volunteer

Date

Please PRINT your name

ARISE

Photo Release Form

I, _____, grant permission to
(please print full name of Participant/Parent or Legal Guardian)

ARISE Child and Family Service, and ARISE at the Farm, 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
 the parent/legal guardian of the following:

Name/Age: _____
First Name Last Name Date of Birth

- 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.

Signature _____ Date _____

Address _____
Street (Please print)

City, State, Zip

Phone _____

Please address written communication regarding this form to:

Director of Development & Public Relations
ARISE
635 James Street
Syracuse, New York 13203
(315) 472-3171

Original - Consumer/Department File

Copy - Participant/Consumer

Copy - Development



**RENTAL AGREEMENT
and
RELEASE FROM LIABILITY**



(315) 683-5842

Date: _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Shoe Size _____

Weight _____ lbs. Height _____ ft. _____ in. 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: _____