



2518 East Tudor Road • Suite 105 • Anchorage, Alaska 99507 • (907) 561-6655

December, 2014

Dear Prospective Volunteer,

Volunteer Ski Buddies are needed to assist Alaskan youth experiencing disabilities learn to ski and to enhance their ski skills. Volunteers must possess strong ski skills, have a positive and upbeat attitude, and be ready for fun on the hill. If you would like to increase the quality of another's life, enjoy getting fresh air and exercise, and like making new friends over a cup of hot cocoa, then being an Alpine Alternatives Ski Buddy is for you!

Beginning January 4, 2015, we will have 8 weeks of lessons (please see the back of this page for the calendar). Make-up lessons for those cancelled due to inclement weather will be held the first week of March.

Lessons will be based out of the Hilltop Ski Chalet. Hilltop is the perfect learning ground for beginning and intermediate skiers.

Ski Buddy/Snowboard Buddy responsibilities include;

- The safety of the individual in your care
- Following the guidelines assigned by the Program Director
- Assisting the Program Director in completing necessary paperwork
- Making sure that the individual is dressed appropriately for the weather conditions on the hill and that their gear is in proper working order
- Being a positive role model while having fun!

We appreciate your support. If you have any questions, or want more information about the program, please contact our office at (907) 561-6655.

Alpine Alternatives

Office: 561-6655

Accounting: 563-0148

Program Director: 310-9551

Select Alpine for PFD App's "Pick. Click. Give."

January 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
4 <u>Week 1</u> 1:00 - 2:45 3:00 - 4:45	5	6 4:00 - 5:45 6:00 - 7:45	7 4:00 - 5:45 6:00 - 7:45	8	9 4:00 - 5:45 6:00 - 7:45	10
11 <u>Week 2</u> 1:00 - 2:45 3:00 - 4:45	12	13 4:00 - 5:45 6:00 - 7:45	14 4:00 - 5:45 6:00 - 7:45	15	16 4:00 - 5:45 6:00 - 7:45	17
18 <u>Week 3</u> 1:00 - 2:45 3:00 - 4:45	19	20 4:00 - 5:45 6:00 - 7:45	21 4:00 - 5:45 6:00 - 7:45	22	23 4:00 - 5:45 6:00 - 7:45	24
25 <u>Week 4</u> 1:00 - 2:45 3:00 - 4:45	26	27 4:00 - 5:45 6:00 - 7:45	28 4:00 - 5:45 6:00 - 7:45	29	30 4:00 - 5:45 6:00 - 7:45	31

February 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 <u>Week 5</u> 1:00 - 2:45 3:00 - 4:45	2	3 4:00 - 5:45 6:00 - 7:45	4 4:00 - 5:45 6:00 - 7:45	5	6 4:00 - 5:45 6:00 - 7:45	7
8 <u>Week 6</u> 1:00 - 2:45 3:00 - 4:45	9	10 4:00 - 5:45 6:00 - 7:45	11 4:00 - 5:45 6:00 - 7:45	12	13 4:00 - 5:45 6:00 - 7:45	14
15 <u>Week 7</u> 1:00 - 2:45 3:00 - 4:45	16	17 4:00 - 5:45 6:00 - 7:45	18 4:00 - 5:45 6:00 - 7:45	19	20 4:00 - 5:45 6:00 - 7:45	21
22 <u>Week 8</u> 1:00 - 2:45 3:00 - 4:45	23	24 4:00 - 5:45 6:00 - 7:45	25 4:00 - 5:45 6:00 - 7:45	26	27 4:00 - 5:45 6:00 - 7:45	28

March 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Make-up lessons if necessary	2	3	4	5	6	7

Spring Break: March 09 - 13

Alpine Alternatives
2015 Ski/Snowboard Volunteer Application

Name: _____

Address: _____

City, State, ZIP: _____

Phone - Day: _____ Eve: _____ Cel: _____

Age: _____ Occupation: _____

Ski/Snowboard Experience: _____

Availability: Ski Buddy Snowboard Buddy

	Sat	Sun
1:00 pm- 3:00 pm	X	
3:00 pm- 5:00 pm	X	

	Mon	Tue	Wed	Thu	Fri
4:00pm- 6:00pm	X			X	
6:00pm- 8:00pm	X			X	

Personal References

Name	Contact phone numbers	Address
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

- | | | |
|--|---------|--------|
| 1. Do you use illegal drugs? | yes ___ | no ___ |
| 2. Have you ever been convicted of a criminal offense? | yes ___ | no ___ |
| 3. Have you ever been charged with neglect, abuse, or assault? | yes ___ | no ___ |
| 4. Has your driver's license ever been suspended/revoked in any state? | yes ___ | no ___ |

Please explain 'yes' answers _____

In the event of an emergency, contact:

Name: _____ Ph _____ Relationship: _____

PLEASE READ BEFORE SIGNING:

I understand that:

- In the course of volunteering for Alpine Alternatives I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Alpine Alternatives and volunteers is an "at will" arrangement, and it may be terminated at any time without cause by either the volunteer or Alpine Alternatives.
- I grant Alpine Alternatives to use my likeness, voice, and words in television radio, film, or in any form to promote activities of Alpine Alternatives.
- I grant Alpine Alternatives 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.

Signed: _____ Date: _____

Alpine Alternatives 2015 Ski/Snowboard Volunteer Application

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