



Volunteer Application

Greek Peak Adaptive Snowsports

Mission

To provide snowsports experiences and skill development for people of all abilities utilizing the safest and most effective adaptive equipment and qualified/trained volunteer staff in a supportive and positive learning atmosphere

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____

Email _____

What is your preferred method of contact? ___ email ___ mail ___ phone ___ checking a web site

If you are a college student:

When will you graduate? _____

What is your local address? _____



Please tell us about yourself



How many years have you been volunteering for GPAS? _____ It's my first season _____

How did you learn about volunteering opportunities with GPAS?

Do you: ___ ski ___ snowboard ___ mono-ski ___ other: _____ (check all that apply)

How would you describe your skiing/riding ability?

___ **New** -first time; have never been

___ **Beginner** - able to do a turn both ways and able to stop, but linking turns smoothly may be difficult

___ **Intermediate** – able to link turns; moderate speed; mostly stay on green and blue runs

___ **Expert** – able to handle all terrain and conditions; fast and in control; have speed and rhythm

What certification(s) do you have? _____

What discipline/area are you interested in teaching/coaching? (check all that apply)

___ ski ___ snowboard ___ mono-ski ___ other: _____

What adaptive techniques are you most interested in learning and teaching? (check all that apply)

___ mono-ski _____ 3-tracking _____ 4-tracking

___ teaching individuals with developmental disabilities/autism/other cognitive disabilities

___ guiding for visual impairments/blindness

___ other: _____

Why are you volunteering for GPAS? What are your goals and expectations? *(check all that apply)*

- I want to help others enjoy snowsports, regardless of ability level
- I want to give back to my community
- I want to improve my own skiing or riding skills
- I have a friend or family member with a disability that needs support in snowsports
- I want to learn teaching and coaching techniques for snowsports
- Other: _____

What skills or talents do you have that can be an asset to GPAS?

Do you have any limitations that would impact your ability to teach/coach in the program at GPAS?

When are you typically available to volunteer for GPAS? *(check all that apply)*

- Sunday mornings (9am – noon)
- Sunday afternoons (1pm-4pm)
- Other: _____

- Saturday mornings (9am-noon)
- Saturday afternoons (1pm-4pm)



Do you wish to make a gift to GPAS? yes (amount \$ _____) not at this time

Are you renting a locker from GPAS? Locker # _____ (donation for locker rental is \$30.00)

Make check out to: GPAS
Mail check to: Jeannie Mack
PO Box 8538, Endwell, NY 13762

Have you signed a release statement? yes _____ no _____

By signing this form below, I understand I am subject to a background check.

Signature _____ Date _____