



Winter 2008-2009

Dear Prospective Volunteer,

Thank you for your interest in volunteering with Disabled Sports USA Far West. For forty years, Disabled Sports has been a national leader in the inclusive outdoor recreation industry, and our dedicated corps of volunteers play a crucial role in supporting our programs for people with physical and cognitive disabilities.

Disabled Sports relies heavily on Program Support volunteers to deliver programs throughout the year. Program Support Volunteers are vital to this organization and crucial to the success of our mission. There many ways to dedicate time to Disabled Sports. Below is a list of just a few ways you can get involved.

**Gentian Café** at Alpine Meadows Resort: Our Café provides homemade soups, sandwiches, coffee and baked goods to the public. All proceeds from the café support our programs. Our Café staff provides training for all volunteers. Café experience is helpful, but not required. Volunteer jobs can include outdoor grilling, sandwich preparation, register operation, barista operations and light cleaning.

**Program Center Equipment Room:** The Equipment Room is home to all of our adaptive snowsports equipment. Volunteers are not required to have mechanical or ski technician background, but knowledge of ski/snowboard equipment is helpful. Disabled Sports staff will provide training for all volunteers. Volunteers will have opportunities to learn the location of adaptive equipment, help lessons retrieve and replace adaptive gear, learn our repair system, perform repairs and assist with equipment room organization.

**North Lake Tahoe Community Support:** Many North Tahoe merchants sponsor fundraisers for us throughout the year. Help sell raffle tickets for awesome prizes at some of Tahoe's most happening Après ski scenes.

**CHARITYSMITH Ability Celebration:** March 10 – 14, 2009 Alpine Meadows, CA. Help our staff honor the Wounded Warriors returning from the wars in Iraq and Afghanistan by assisting with any aspect of this event.

- Wounded Warrior Ability Camp, adaptive snowsports lessons, sled hockey and snowmobiling, March 10 – 14
- Ability Challenge/Corporate Ski Race, Friday, March 13
- Ability BASH, fundraising banquet, Saturday, March 14

With an exciting event like this, there is a job for every volunteer interest!

The minimum age required for all volunteers is 18.

Please contact me at (530) 581-4161 x203 or [vanessa@disabledsports.net](mailto:vanessa@disabledsports.net) if you have any questions about the volunteer experience or the application process.

Thank you again for your interest in becoming a volunteer with our program. I look forward to receiving your completed application.

Best,

Vanessa Belz, Program Coordinator

#### Executive Offices

6060 Sunrise Vista Drive  
Suite 2540  
Citrus Heights, CA 95610  
(916) 722-6447  
(916) 722-2627 Fax  
[www.disabledsports.net](http://www.disabledsports.net)

#### Program Services

Center  
P.O. Box 9780  
Truckee, CA 96162  
(530) 581-4161  
(530) 581-3127 Fax

#### Programs Offered

Adaptive Snowsports  
Water Skiing  
Golf  
Whitewater Rafting  
Cycling  
4WD Backcountry  
Adventures  
Kayaking  
Donner Lake Campouts

#### Honorary & Advisory Board

Charlie Ansbach  
Bruce Jenner  
Jack LaLanne  
Sugar Ray Leonard  
Billy Mills  
Judi Sheppard Missett  
Jim Streng  
Peter Vidmar  
Mark Wellman



DISABLED SPORTS USA, FAR WEST  
ADAPTIVE SNOWSPORTS  
VOLUNTEER APPLICATION AND RELEASE

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\* \_\_\_\_\_ DOB\* \_\_\_\_\_ Gender\* \_\_\_\_\_

\*Denotes optional item

Primary area of interest (circle): **On-hill volunteer** **Equipment Room** **Gentian Café** **Special Events** **Other**

Please briefly describe why you want to volunteer for Disabled Sports and what you hope to gain. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Disabled Sports relies on the dedication of volunteers to support special events, community outreach, and administration. Please list other skills and talents that you would be willing to share (computers, equipment, special events, outreach, creative writing, fundraising, carpentry, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Having read the enclosed letter that describes some of the physical tasks of volunteering, do you foresee any problems performing these tasks? **YES / NO** If yes, please describe any physical limitations or concerns that you may have. (Limitations will not in and of themselves disqualify you from volunteering.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you interested in volunteering for our summer programs?

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Water Skiing | <input type="checkbox"/> Whitewater Rafting | <input type="checkbox"/> Camping        | <input type="checkbox"/> Off-highway 4WD |
| <input type="checkbox"/> Cycling      | <input type="checkbox"/> Food Preparation   | <input type="checkbox"/> Office Support | <input type="checkbox"/> Sailing         |
| <input type="checkbox"/> Other: _____ |   | <input type="checkbox"/> Equip. Repair  | <input type="checkbox"/> Golf            |

Have you ever been charged with a felony? **YES / NO** If yes, describe nature and circumstances on additional page.  
How did you find out about Disabled Sports? \_\_\_\_\_

*I certify the above information is true to the best of my knowledge.*

\_\_\_\_\_  
APPLICANT'S PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in DISABLED SPORTS USA and DISABLED SPORTS USA FAR WEST's programs, 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 FAR WEST 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 DISABLED SPORTS USA FAR WEST, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees 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.

**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 Name (PLEASE PRINT CLEARLY)**

*Signature*

**Date**

### **FOR PARTICIPANTS UNDER THE AGE OF 18**

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/Guardian Name (PLEASE PRINT CLEARLY)**

*Signature*

**Date**

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Disabled Sports USA and Disabled Sports USA Far West to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this Disabled Sports event. I further agree that Disabled Sports may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_

**Participant/Guardian Name (PLEASE PRINT CLEARLY)**

*Signature*

**Date**