



THERAPEUTIC RECREATION SERVICES
 808 W. Spokane Falls Blvd. 5th Floor
 Spokane WA 99201-3317
 Alice Busch (509) 625-6245
 abusch@spokanecity.org

Volunteer Ski/Snowboard Instructor Form

Program Interest	<input type="checkbox"/> DD Alpine	<input type="checkbox"/> DD Nordic	<input type="checkbox"/> Adaptive Alpine*	
ADAPTIVE Only	<input type="checkbox"/> Session 1 (1/21, 1/28, 2/4)	<input type="checkbox"/> Session 2 (2/11, 2/25, 3/3)	<input type="checkbox"/> Morning (8:30AM-12:30PM)	<input type="checkbox"/> Afternoon (12:30-4PM)
Check ALL wanted				
Prefer to Teach	<input type="checkbox"/> Ski	<input type="checkbox"/> Snowboard		
Ability Level	<input type="checkbox"/> Adv. Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert	<input type="checkbox"/> Competitive
Certification	<input type="checkbox"/> P.S.I.A.	<input type="checkbox"/> Other:		
First Aid/CPR	<input type="checkbox"/> First Aid/CPR Card	State: _____	Expiration Date: _____	
	<input type="checkbox"/> Expired First Aid/CPR Card	State: _____	Expiration Date: _____	

Name: _____
Last First M.I.

Mailing Address: _____
Number Street City Zip

Email Address: _____

Day Phone: _____ Yes No

Cell Phone: _____ Are you over age 18? If No, date of birth: _____

Emergency Contact: _____ Emergency Phone: _____

Registration as a Volunteer Worker

The undersigned duly registers as a Volunteer Worker for the Parks and Recreation Department of the City of Spokane. The purpose of registering is to enroll the Volunteer for Medical Aid coverage only under the State of Washington Industrial Insurance Act. It is understood that this coverage is to be in effect only when working and is dependent on prompt reporting to the supervisor of any injury that occurs while in the course of work. The hours worked will be reported to the City of Spokane who will pay all the required premium to the State.

Signature: _____

Are there any physical or health concerns which should be taken into account for safe and suitable placement?

Where did you hear about the program? _____

Have you volunteered in this particular program before? No Yes How many years? _____

Do you prefer to instruct a particular student? No Yes Who? _____

Do you need a nametag? No Yes Name as it will appear: _____

2012 Season Training Clinics

DD Alpine – Dry: Thurs. Dec. 1, 2011 6:30-7:30PM @ Corbin Sr. Activity Ctr. 827 W Cleveland Ave. (\$20 fee)

Snow: Sat. & Sun. Jan 7 & 8 9AM-4PM @ Mt. Spokane Lodge #1

DD Nordic – Snow: Sat. Jan 7 9:30AM-12PM @ Selkirk Lodge MUST have Sno-Park Permit (No Fee)

Adaptive Alpine – Dry: Fri. Jan. 13 6:00-8:30PM @ Corbin Sr. Activity Ctr. 827 W Cleveland Ave. (\$20 fee)

Snow: Sat. Jan 14 8:30AM-4PM @ Mt. Spokane Adaptive Snow Sports Chalet