



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

## Volunteer Ski/Snowboard Instructor Form

|                         |  |  |   |   |
|-------------------------|--|--|---|---|
| <b>Program Interest</b> | <input type="checkbox"/> DD Alpine                     | <input type="checkbox"/> DD Nordic                     | <input type="checkbox"/> Adaptive Alpine*         |   |
| <b>*ADAPTIVE Only*</b>  | <input type="checkbox"/> Session 1<br>(1/17,1/25,1/31) | <input type="checkbox"/> Session 2<br>(2/7,2/21, 2/28) | <input type="checkbox"/> Morning<br>(8:30AM-12PM) | <input type="checkbox"/> Afternoon<br>(11:30-3PM) |
| <b>Check ALL wanted</b> |  |  |   |   |
| <b>Prefer to Teach</b>  | <input type="checkbox"/> Ski                           | <input type="checkbox"/> Snowboard                     |   |   |
| <b>Ability Level</b>    | <input type="checkbox"/> Adv. Beginner                 | <input type="checkbox"/> Intermediate                  | <input type="checkbox"/> Expert                   | <input type="checkbox"/> Competitive              |
| <b>Certification</b>    | <input type="checkbox"/> P.S.I.A.                      | <input type="checkbox"/> Other: _____                  |   |   |
| <b>First Aid/CPR</b>    | <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: \_\_\_\_\_

### 2015 Season Training Clinics

**DD Alpine** – Dry: Tues. Dec 2 6 – 8 PM @ Corbin Community Center, 827 W. Cleveland (\$20 fee)  
 Snow: Sat. & Sun. Jan 3 & 4 9AM-4PM @ Mt. Spokane Lodge #1

**DD Nordic** – Snow: Sat. Jan 3 9 AM-12PM @ Selkirk Lodge MUST have Sno-Park Permit (No Fee)

**Adaptive Alpine** – Dry: Fri. Jan. 9 6- 8 PM @ Corbin Sr. Activity Ctr. 827 W Cleveland Ave. (\$20 fee)  
 Snow: Sat. Jan 10 8:30AM-4PM , Sunday Jan. 11 9am-1pm @ Mt. Spokane Adaptive Snow Sports Chalet