



THERAPEUTIC RECREATION SERVICES

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 Spokane, WA 99202
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Volunteer Ski/Snowboard Instructor Form

Program Interest	Powderhounds 5066	Blue Waxers 5065	Adaptive 5064	*Returning Instructors see below			
ADAPTIVE Only	Wed. - NEW! 1-4pm	Saturdays			Morning		
Check ALL wanted	Jan. 22, 29 Feb. 5, 12, 19, 26	1/11	1/18	1/25	2/1	2/8	2/22
Prefer to Teach	Ski	Snowboard			Afternoon 11:30-3PM		
Ability Level	Adv. Beginner (Green runs)	Intermediate (Blue runs)	Expert (Black runs)		Competitive		
Certification	P.S.I.A.	Other:					
First Aid/CPR	First Aid/CPR Card	State:	Expiration Date:				
RETURNING INSTRUCTORS Purchasing a season pass from Mt. Spokane		Powderhounds 5072			Adaptive 5071		

Name: _____
 _____ *Last* _____ *First* _____ *M.I.*

Mailing Address: _____
 _____ *Number* _____ *Street* _____ *City* _____ *Zip*

Email Address: _____

Day Phone: _____

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

Emergency Contact _____ Emergency Phone _____

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? _____

Please list ski/snowboard experience: _____

Have you volunteered in this particular program before?
 Yes No 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: _____

2020 Season Training Clinics

Powderhounds: Alpine – Dry: Fri. Dec. 6 6-8pm @ Corbin Senior Activity Center, 827 W. Cleveland
Snow: Sat. & Sun. Dec. 28 -29, 2019 9am-4pm @ Mt. Spokane Lodge #1 (\$50 fee)

Blue Waxers: Nordic – Snow: Sat. Dec. 28 9am-12pm@ Selkirk Lodge MUST have Sno-Park Permit

Adaptive: Alpine – NEW Instructor Info. Mtg. Fri. Dec. 6 6-7pm **Dry:** Fri. Jan. 3 6- 8pm Both @ Corbin Senior Center. 827 W Cleveland Ave.
Snow: Sat. Jan. 4 8:30am-4pm , Sunday Jan. 5 9am-4pm@ Mt. Spokane Adaptive Snow Sports Chalet(\$50 fee)

***** Please email picture of Drivers Licence to abusch@spokanecity.org*****

AGREEMENT AND WAIVER/RELEASE

AGREEMENT FOR NON-COMPENSATED SERVICES: I hereby volunteer my time and services to the City of Spokane, which in turn permits me to volunteer activity listed above. It is further understood that this Agreement, Release, and Waiver shall not in any way constitute nor create an employer/employee relationship between the City of Spokane and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement. I agree to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible, manner in accordance with the descriptions of service.

CONFIDENTIALITY AGREEMENT: as volunteer of for the City of Spokane, I understand that I may be granted access to confidential information, including health information. I understand that I am granted this access only for the duration of my volunteer assignment, and that I must hold all such information in the strictest confidence, both during and after my volunteer assignment . When I must discuss or otherwise share confidential information in the course of my volunteer assignment, I will use discretion to ensure that I share that information only with those who have a need to know it to perform their duties and only to the extent necessary for them to do so.

I further understand that:

1. I hereby identify that I am capable of performing duties without accommodation, or with the following accommodation(s):_____.
2. I am not to appear for volunteer service under the influence of alcohol or any illegal drugs. I agree to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications that my impair the ability to perform volunteer duties.
3. I will abide by all City policies regarding personal conduct while performing volunteer services.
4. I agree not to go beyond the scope of volunteer work agreed to without specific authorization in advance.
5. I will have training on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.
6. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while volunteering for the City of Spokane.
7. I understand that it is my obligation to have a health insurance policy in effect while volunteering for the City of Spokane and to otherwise be responsible for any and all medical expenses which may be incurred while participating in the volunteer activity.
8. I grant full permission to use any photographs, videotapes, video clips, or recordings for publicity purposes by the City of Spokane.

WAIVER AND HOLD HARMLESS:I am fully aware that the work associated with being a City of Spokane Volunteer involves certain risks of physical injury, property damage, or death. In consideration for the

experience and other personal benefits gained by being permitted to volunteer for the City of Spokane, to the maximum extent permitted by law, I voluntarily assume all risks of bodily injury, death, or property damage associated with participation. I agree to defend, indemnify, and save harmless the City of Spokane, its appointed and elected officers, employees, agents, and representatives from and against all loss or expense including but not limited to judgments, settlements, attorney fees, and costs for bodily injury, death, or property damage arising out of any act of omission under or in connection with my volunteering except only such injury as shall have been occasioned by the sole negligence of the City of Spokane, its appointed and elected officers, employees, agents, or representatives. To the extent any of the damages references herein were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives and others, this obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of the volunteer. Further, I understand that I am not an employee or agent of the City of Spokane and that I have no claim to any industrial insurance (i.e., workers compensation) or other healthcare-related benefits. (initial)_____

Suspension of Volunteer Agreement: I understand that the City of Spokane or I may suspend this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

I EXPRESSLY AGREE THAT THIS AGREEMENT, RELEASE, AND WAIVER IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY WASHINGTON LAW AND THAT IF ANY PORTION THEREOF IS HELD INVALID, NOTWITHSTANDING, THE BALANCE SHALL CONTINUE IN FULL LEGAL FORCE AND EFFECT. BY SIGNING BELOW I CERTIFY THAT I AM OVER THE AGE OF 18, HAVE READ THE FOREGOING TERMS, UNDERSTAND THEM FULLY AND AGREE TO THE SAME.

This Agreement will be in effect for the duration of my volunteering services beginning this date:

Date: _____
MM/DD/YYYY

Volunteer's Signature

Volunteer's Name (print)

Parent or Guardian's Signature



**Notice for Applicant/Employee
A-4 Authorization**

**'Notice of Intent' and 'Authorization' To Obtain an Investigative Consumer Report for Employment or
Other Legitimate Permissible Purposes**

The undersigned applicant/employee is hereby notified that _____ (**Employer**) may obtain an investigative consumer report for employment purposes through ACRANet. Such report may include information as to character, general reputation, history of criminal convictions, employment, education, professional license, credit and/or driver's record history. Applicant/employee acknowledges that he/she is herein informed of his/her right to request within a reasonable period of time after receiving this notice, a complete and accurate disclosure of the nature and scope of the investigation requested. Such disclosure will be mailed or otherwise delivered to applicant within five days from the date of the applicant/employee's request for disclosure or such report was first requested by employer, whichever is the later. Applicant/employee further authorizes the above named company to obtain an investigative consumer report through ACRANet for employment purposes at this time or anytime during the applicant/employee's tenure with employer.

Print Full Name: _____

Former Name/Maiden Name (list all): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Previous Address: _____

City: _____ **State:** _____ **Zip:** _____

Social Security Number: _____

Date of Birth: ____ / ____ / ____

(In order for factual information to be obtained & reported, your date of birth and social security number are requested. This information is used solely for verification purposes in compliance with the Fair Credit Reporting Act.)

Driver's License # (if applicable) _____ **State of Issue** _____

Signature: _____ **Date:** _____

Exhibit “C”

Appendix A to Part 601

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRA’s are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, the CRA may charge you a fee, which shall not exceed the amount established by the Federal Trade Commission on January 1 of each year.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA’s – to which it has provided the data—of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of statement if future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdate information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your consent.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damage from violators.** If a CRA, user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934--FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051