



Volunteer Request & Agreement

The Society disABILITIES is looking for reliable volunteers to help with our annual fundraiser to support the Winter Ski Unlimited program, providing the thrill of snow skiing for people with disabilities! We hope you find the event fun and enjoyable, we need your help to showcase the Society and the important programs we provide!

Volunteer Check In

Saturday, February 24, 2018

7:00 am (Please arrive promptly – guests arrive early!)

Dodge Ridge Ski Resort

1 Dodge Ridge Road, Pinecrest, CA 95364

Dress Suggestion: Warm clothing and/ or ski attire

Be Sure to Bring:

- Sunglasses or a hat
- Sun block (snow can reflect and give sunburns!)
- Dress in layers for changes in temperature
- A watch or cell phone
- 70'S Costume Contest

Remember to arrange for YOUR OWN transportation to and from the Ski Resort.

We Need Volunteers to Assist With:

- Set Up / Clean Up
- Registration
- Raffle Ticket Sales
- Ski, Ride & Play
- Lunch Service
- Swag Bag Distribution
- And Much More

Please Note: You DO NOT have to be a skier to volunteer for this event! We have both inside and outside volunteer assignments.

If you are interested in volunteering, please complete the attached two pages and return to by February 8, 2018 to Carolyn Teixeira Gomes by email at Carolyn@societyfordisabilities or by fax to (209) 524-1205. For more information, please call Carolyn at (209) 524-3536.



Yes, I want to volunteer for the Snowfest 2018!

Name _____ Over 21: ☐ Yes ☐ No

Mailing Address: _____ City: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

Email Address **REQUIRED**: _____ Okay to contact you by email: ☐ Yes ☐ No

Volunteer Signature: _____

Parent Signature
if volunteer under 18 _____

Date: _____

Emergency Contact

Name: _____ Relationship: _____

Phones: Home: _____ Cell: _____ Work: _____

As a volunteer, I understand and agree that I will be representing Society for disABILITIES throughout Snow Fest. I agree to:

1. Perform assigned duties during the fundraiser.
2. Represent Society for disABILITIES in a safe, positive and professional manner.
3. Review and follow the activity guidelines provided by Society for disABILITIES Snow Fest.
4. Adhere to the rules and regulations of the Ski Resort as explained to me by Society for disABILITIES.

By signing this agreement, I agree that I am physically and mentally able and accept the above conditions of my participation.

☐ I understand that volunteering at the SnowFest 2018 includes being flexible and I will be asked to help in a variety of areas.

☐ I have signed the waiver on page 3 and returned it to Society for disABILITIES.

***Please Fax THIS PAGE AND NEXT PAGE of the form to: (209)524-1205
or mail: 1129 8th Street, Suite 101, Modesto, CA 95354***

**Questions: Please contact Carolyn Teixeira Gomes, Director of Development
209.524.3536 or Carolyn@societyfordisabilities.org**



2018 Volunteer Waiver, Release of Liability, and Media / Photo Waiver and Release

I request to be allowed to volunteer for the **Society for disABILITIES**, and agree to the following:

1. I acknowledge and fully understand that as a volunteer, I will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I acknowledge that there may be risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. I and my family release, waive, discharge and promise not to sue Society for disABILITIES, its volunteer instructors and director, its staff, executive director, and board of directors, the Dodge Ridge Ski Resort, its owners & employees, and other participants of **SnowFest 2018** for any personal injury, property damage, or other damages that may arise from my participation in the **SnowFest 2018** regardless of whether such injury or damage is caused by negligence or carelessness of the **SnowFest 2018**.
4. I agree that the staff and volunteers of the **SnowFest 2018** and **Society for disABILITIES** may authorize emergency medical treatment for my child, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.
5. I hereby authorize and give my full consent to **Society for disABILITIES** to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending any **Society for disABILITIES** programs or events. I further agree that **Society for disABILITIES** 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. I agree my name, may be published in, or used by **Society for disABILITIES** and any of the media or mass communication without any liability on the part of **Society for disABILITIES**.

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.

Name _____ Over 21: ☐ Yes ☐ No

Mailing Address: _____ City: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

Email Address **REQUIRED**: _____ Okay to contact you by email: ☐ Yes ☐ No

Volunteer Signature: _____

Parent Signature _____

if volunteer under 18 _____ Date: _____

Parent signature is required if participant is under 18 years of age and is unable to legally give effective consent.