

Volunteer Form

Please complete one per volunteer



Name

Email:

Tel:

Please tick all relevant boxes

- On slope Volunteer Off slope Volunteer
- Skier Non Skier
- Skiing Level: Intermediate Advanced
- Years of Skiing Experience (approx) _____ Years of Adaptive Ski Experience (approx) _____

Please list any Skiing or Boarding qualifications eg BASI, ASSI etc

Able-body:

Title of qualification	Membership Number
Date Taken	Date Refresher Due

Adaptive:

Title of qualification	Membership Number
Date Taken	Date Refresher Due

Have you had a Disclosure & Barring Service (DBS) check? Yes/No

CRB/DBS Number	Date of issue
Issued by	Have you subscribed to the DBS Update Service?

Do you have a current First Aid Certificate? Yes/No

Date of Issue	Date of Renewal
Issued by	Length of Course

Have you attended a Safeguarding Children Course? Yes/No

Date attended	Issued/Organised by
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Please list any Medical Conditions ASD should know about?

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Signed

Date