



**Breckenridge
Outdoor
Education
Center**

BOEC Adaptive Ski Programs
P.O. Box 697 Breckenridge, CO 80424
Phone (970) 453-5633 Breckenridge Fax (970) 547-9037
Keystone Fax (970) 496-4666
E-mail skiprogram@boec.org www.boec.org



Thank you for your interest in volunteering for the BOEC's Adaptive Ski Program! Our program relies greatly on the continued support and hard work from our dedicated volunteers. Naturally, we are excited about your interest in being a part of this uniquely special group of individuals.

Attached to this email you will find the complete volunteer application packet. It includes an application, risk/liability waiver, volunteer contract, and background check disclosure. The background check is available online at <https://boec.volunteerportal.net>. You can receive a password upon request.

As a new volunteer, you must complete three full days (equivalent to 6 clinics) of training before assisting on lessons, or the equivalent in shadow days. To honor the effort and commitment of our volunteers, we provide instruction and continuing education at no cost. Clinic sessions should be scheduled in advance. We require a minimum of four trainees per clinic for the session to run. We also require that you be at least an intermediate skier or snowboarder.

If you can commit three days a month for the entire ski season you will be eligible to receive a Breckenridge/Keystone/A-Basin Resort (Epic Local) season pass. Volunteers who don't already have a season pass and those not operating under the BOEC season pass agreement and will receive a lift ticket for the day they assist on lessons and an additional complimentary lift ticket for personal use before the ski season ends. A limited number of season passes will be offered for this season. If interested, please contact us for more information.

Please note that volunteers are not covered under the BOEC's Worker's Compensation plan. You must be covered under your own health insurance plan in order to volunteer for the BOEC. We will request to make a copy of your insurance card.

Look to our website for the link to our 2018/2019 volunteer training schedule. Thanks again for your priceless time; it allows us to provide a nationally renowned program. Please call with any questions. We look forward to your participation!

Sara Goodell

Outreach Coordinator - Volunteer Coordinator

BOEC Adaptive Ski & Ride Program

970-453-5633

970-453-6422

volunteer@boec.org

www.boec.org



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VOLUNTEER APPLICATION

Please print all information

Date _____

GENERAL INFORMATION

Name _____

Birth Date _____ Height _____ Weight _____ Gender _____

Mailing Address/ PO Box _____

City/State/Zip _____ Phone _____

Place of Employment _____

Home Phone _____ Cell Phone _____

E-mail Address _____

How do you prefer to be contacted, what is the best time to reach you? _____

EMERGENCY CONTACT

Name _____

Phone _____ Relationship _____

TECHNICAL INFORMATION

Interests (circle all that apply):

Administration

Ski Program

Wilderness Program

Logistics/Operations

Winter Special Events

Summer Special Events

Fundraising/Committee Chairs

Skills and Ability (circle if more than one and indicate corresponding ability):

Alpine _____ *Snowboard* _____ *Telemark* _____

Adaptive Ski (specify) _____ *Nordic* _____ *Snowshoe* _____

Canoeing/Kayaking _____ *Rock Climbing* _____ *Handcycling* _____

Rafting _____ *Hiking* _____ *Office* _____

Teaching Experience/Special Skills: _____

Experience with individuals with special needs: _____



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Why do you want to volunteer?

Have you ever been convicted of a felony? *Yes No (all volunteers are given background checks)*

Participant Interests: (circle all that apply): *Children Teenagers/Youth at Risk Adults*

Other Languages: *Spanish ASL Other _____*

Season Pass Interest: *Yes No*

*(volunteers must commit **three** days a month for the five month season to receive a pass)*

Mountain Preference: Breckenridge Keystone

AVAILABILITY (check all that apply)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
½ a.m.							
½ p.m.							
Full							

DISCLOSURE

Working as a BOEC volunteer is physically and emotionally demanding. It requires skiing moderate to steep slopes, riding ski lifts and assisting students utilizing specialized equipment which may involve physical exertion, heavy lifting, pulling and pushing and an abundance of patience may be necessary. Anticipating and responding to accidents and other emergencies requires an individual to maintain his or her composure and think clearly in urgent situations. Are you willing and able to satisfy all of these requirements?

Yes____ No____

If you have questions or require further information, please arrange a time to discuss your situation with Jeff Inouye, the Adaptive Ski Program Director.

Notes: _____

Volunteers for the BOEC are **not** covered under Workman’s Compensation Insurance. The BOEC **will not** accept or accrue any cost for injuries or medical conditions that arise while volunteering for the organization. The BOEC requires all volunteers to carry their own health insurance policy.

Insured: *Yes No* Health Care Provider: _____