

Volunteer Program Application



ATTN: Volunteer Coordinator
 5 Village Lodge Rd, Stratton Mountain, VT 05155
 Phone: 802-297-4107 Fax: 802-297-4395
 GFlanagan@stratton.com

Volunteer placement is a selective process and not all applicants are accepted into the program. Stratton Mountain Resort reserves the right to place volunteers in an area best suited to the applicant's skills and the needs of the organization.

No volunteer position is guaranteed and services may be discontinued at any time. Volunteer service should not be used if you are interested in a paid position.

SECTION 1 – TO BE COMPLETED BY ALL NEW AND RETURNING VOLUNTEERS

Name:	Date:
Local Address Street, City State:	
Permanent Address:	
Desired Position: <input type="checkbox"/> Resort Host <input type="checkbox"/> Safety Patrol <input type="checkbox"/> Ski Patrol	Phone Number: Alternate Phone Number:
Dates/days available for volunteering:	Email:

GENERAL INFORMATION

Are you over the age of 18?	
Have you ever been employed or volunteered at Stratton Mountain Resort or an Intrawest owned property? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES", please provide last department and dates:
Do you have relatives volunteering or employed by Stratton Mountain Resort? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "YES", please identify by name and relationship
Skiing/Riding ability? Please Check appropriate box.	<input type="checkbox"/> Do not ski/snowboard <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Expert

SECTION 2 – TO BE COMPLETED BY NEW VOLUNTEERS

EMPLOYMENT AND PAST VOLUNTEER INFORMATION

Please list names of employers or volunteer experience through the last 5 years.

Name of current or most recent employer/volunteer agency:	Position:	Describe Duties:
Address:	Since:	
City/State/Zip:	Supervisor: Phone#: May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Name of past employer/volunteer agency:	Position:	Describe Duties:
Address:	Since:	
City/State/Zip:	Supervisor: Phone#: May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Name of past employer/volunteer agency:	Position:	Describe Duties:
Address:	Since:	
City/State/Zip:	Supervisor: Phone#: May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES

Name	Relationship	Phone Number	Years Known

SECTION 3 – MUST BE COMPLETED BY ALL NEW AND RETURNING VOLUNTEERS

AFFIDAVIT, CONSENT, WAIVER AND RELEASE OF LIABILITY

Please read each statement carefully before signing.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current or past employer or volunteer organization (except as previously noted), and organizations named in this application to provide relevant information and opinions that may be useful in making a decision to place me as a volunteer. I release such persons and organizations from any legal liability in making such statements.

If selected as a volunteer, I will have no expectation of any form of compensation from Stratton Mountain Resort and understand that I will not be paid for my services as a volunteer nor entitled to any benefits to which employees are entitled of any kind whatsoever. By my signature below, I acknowledge that I am not and will not be economically dependent on Stratton Mountain Resort. I understand that I should not volunteer if my primary goal is to obtain a paid position but should apply directly for a paid position, and agree that I have not been asked or influenced to volunteer in order to obtain or be considered for a paid position.

By signing this Agreement, I acknowledge the risks and dangers associated with volunteer service at the Stratton Mountain Resort and the activities in which I may be involved and the use of the facilities of the resort generally and, as a condition of participating in the Volunteer Program, agree to: (1) ASSUME ANY AND ALL RISKS OF INJURY OR DEATH while or as a result of participating in the program and any activities at the resort; (2) WAIVE, RELEASE, and NOT SUE, MAKE ANY CLAIMS OR FILE ANY ACTIONS against Stratton Mountain Resort, Intrawest US Holdings, Inc., the United States, and each of their insurance carriers, subsidiaries, affiliates, officers, directors, shareholders, members, representatives, assignees, employees, volunteers and agents, as well as any program sponsors and equipment manufacturers and distributors (hereinafter the “Indemnified Parties” collectively, the “Indemnified Party” individually) that are based on, arise or result from, in whole or in part, participation in the program and any activities; (3) INDEMNIFY, DEFEND AND HOLD THE INDEMNIFIED PARTIES HARMLESS, from any and all claims, demands, actions, causes of action, losses or liabilities whatsoever arising from or related to participation in the program and any activities and any loss, damage or injury, including death, that may be sustained by me or caused to others or their property by me.

I understand that if I do not agree to these terms I will not be eligible to participate in the Volunteer Program.

I have read, understood, and by my signature consent to these statements.

I certify that all information provided in this volunteer application is true and complete. I understand that any false information or omission may disqualify me from further consideration.

Print Name: _____

Signature: _____ **Date:** _____

Please print this form, complete and return:

via email – GFlanagan@stratton.com

or

fax (802) 297-4395, attention Genevieve Flanagan