



Volunteer Application

Date _____

Name	
Mailing Address	
City ST ZIP Code	
Best Phone # to Contact	(please indicate home/cell)
Date of Birth	
Email Address	

Interests:

Tell us in which areas you are interested in volunteering:

- Administration
- Adaptive Ski Programs
- Summer Programs
- Special Events

In an effort to create a safe environment for participants, volunteers and employees, Challenge Aspen conducts a background check on all volunteers. This report is kept confidential. Are you willing to submit to a background check?

Yes No

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	