

# AR&LE Downhill Ski & Snowboard Lessons and Club

Dear AR&LE Ski / Snowboard Volunteer,

We hope that this letter finds you well and ready to get on the hills for our 2020 season!

Enclosed you will find a returning volunteer application, volunteer description, City of Richfield waiver and Hyland Hills waiver. We require our volunteers to complete the concussion training every 3 years; I will notify anyone who needs to renew their concussion training with a separate email!

All volunteers must sign waivers for the City of Richfield and Three Rivers Park District/Hyland Hills Ski & Snowboard Area.

Please share information about the program with friends who you think would be great volunteers! If they would like to volunteer, refer them to Ann for new volunteer packets and information. You are our greatest resource for recruiting new volunteers!

Important dates for 2020:

<b>Dry-Land Training at Richfield Community Center</b> <i>(1<sup>st</sup> &amp; 2<sup>nd</sup> year volunteers only)</i>	<b>Thursday, January 9, 2020</b> <b>6:30 – 8:00 pm</b>
<b>On-the-Hill Training at Hyland Hills</b> <i>(All volunteers must attend)</i>	<b>Sunday, January 12, 2020</b> <b>8:30 am – 3:30 pm</b>
<b>Program Dates at Hyland Hills</b>	<b>Thursdays, January 16 – February 20</b> <b>6:30 – 8:45 pm</b>
<b>Make-up date</b>	<b>Thursday, February 27</b>

We ask that you make a commitment to your student for the entire 6 weeks of the program. If you know you will miss more than 1 date please consider being a sub or team teaching with a friend so your students always have an instructor.

**Please return your volunteer application & waivers before December 20th!** If you have any questions, please do not hesitate to contact Ann.

We hope to see you when the snow flies!

Ann Jindra  
Recreation Supervisor  
612-861-9361  
ajindra@richfieldmn.gov

Karey Jensen  
Ski Coordinator

Andy Joy  
Snowboard Coordinator

# ADAPTIVE RECREATION & LEARNING EXCHANGE SKI & SNOWBOARD PROGRAM VOLUNTEER DESCRIPTION

**POSITION TITLE:** Ski or Snowboard Volunteer Instructor

**LOCATION:** Hyland Hills Ski & Snowboard Area (8800 Chalet Road, Bloomington MN 55438)

**GOAL:** To provide six weeks of fun, safe, quality ski/snowboard instruction to individuals with developmental disabilities.

## **RESPONSIBILITIES**

1. Provide a positive skiing/snowboarding experience.
2. Ensure safety before, during, and after skiing or snowboarding.
3. Work weekly with a designated skier/boarder on a 1:1 or 1:2 ratio.
4. Maximize each student's abilities.

## **QUALIFICATIONS**

- Good communication skills
- Intermediate to advanced skiing or snowboarding ability
- Desire to teach skiing/snowboarding to individuals with developmental disabilities
- Enthusiasm
- Ages 16+

## **TIME COMMITMENT**

New volunteers must attend **Dry Land Training** and all volunteers must attend **On The Hill Training**. We ask that you make a commitment to your student for the 6 weeks of the program. If you know you will miss more than 1 date please consider being a sub or team teaching with a friend so your student always has an instructor.

Dry Land Training at the Richfield Community Center  
Thursday, January 9, 2020: 6:30 – 8:00pm  
(snacks will be provided)

On The Hill Training at Hyland Hills  
Sunday, January 12, 2020: 8:30am – 3:30pm  
(breakfast & lunch will be provided)

### **2020 PROGRAM DATES:**

**Thursdays, January 16 - February 20**  
**\*Make-up date: February 27**

**Lesson Time: 6:30pm - 8:45pm**

## **POLICIES**

### **Absentee**

If you must be absent in case of emergency or illness, notify staff immediately. We will assist you in finding a sub. If you have arranged a sub, let us know.

### **Confidentiality**

Feel free to discuss your volunteer experience with others, but please, no identifying individual's personal information such as full name, family, where they live. This is all confidential information; please respect their rights of privacy at all times.

### **Weather**

The program cancels if the temperature is colder than 5 degrees below zero and/or 15 degrees below zero wind-chill. At 3:00pm a recorded message at 612-861-9189 (option 4) will report the program's status. If the temperature changes after 3:00pm the decision will remain the same. Cancellations due to snow conditions or storms will be made as necessary. **Please do not call Hyland Hills; they do not always have cancellation information.**

### **First Aid Policy**

If your student gets hurt, place your skis in an X up hill of your student and tell someone to immediately notify ski patrol. Wait with your student; help them stay calm and warm. Stay with your student until a parent or staff member has arrived.

## **RETURNING VOLUNTEER APPLICATION**

Thank you for returning as a volunteer for the Adaptive Recreation & Learning Exchange Ski / Snowboard Program.

I am interested in being a:

Ski Instructor \_\_\_\_\_ Snowboard Instructor \_\_\_\_\_ Sub for Ski \_\_\_\_\_ Sub for Snowboard \_\_\_\_\_

### PERSONAL INFORMATION:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_

Company/School Name: \_\_\_\_\_ Address: \_\_\_\_\_

Would you like the same student you taught last year? No \_\_\_ Yes \_\_\_ Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_

**Dates you know you will not be able to volunteer:** \_\_\_\_\_

NOTICES AND SIGNATURE: I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that the data supplied on this form will be used in organizing the program and for emergency files. Without all information I realize the program may not be able to process my application.

\_\_\_\_\_  
Signature of Volunteer Applicant

\_\_\_\_\_  
Date

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on this application, to provide volunteer services to the AR&LE program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**THANK YOU FOR VOLUNTEERING YOUR TIME!!!**

### **RETURN APPLICATION TO:**

MAIL: ADAPTIVE SKI & SNOWBOARD PROGRAM  
7000 NICOLLET AVE  
RICHFIELD, MN 55423  
EMAIL: ajindra@richfieldmn.gov

AR&LE does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in its employment or the provisions of service.

**Any questions regarding the application or program? Please call Ann at 612-861-9361**

**Administrative Services Department  
Human Resources**

**CITY OF RICHFIELD**

**WAIVER AND CERTIFICATE OF NON-EMPLOYMENT**

I, \_\_\_\_\_,  
(print name)

understand that I am not employed by the City of Richfield. As a volunteer I understand and agree to the following:

- I am performing volunteer service for the City and I will not be compensated for my volunteer services.
- The City has the right to decline, or cease using, my services at any time for any reason.
- I will use the City's technology resources appropriately and responsibly.
- I may have access to, observe, or overhear confidential or sensitive information relating to the individuals we may be assisting or serving. I agree to maintain the confidentiality of all such information and will not discuss or disclose such information other than with the City of Richfield personnel with whom I am working.
- I understand that information kept by the City is governed by the Minnesota Data Practices Act and that there are rules related to the release of information. Therefore, I will immediately report to a City employee or supervisor any requests I receive from third parties for information.
- In addition I waive all rights to insurance coverage, workers' and unemployment compensation and any other benefit or service provided by the City to its employees. I understand that the City is not obligated to provide me with benefits or services of any kind.
- Except as otherwise covered by the City's insurance policies I also agree that the City of Richfield will not be held liable for any damages suffered or costs or fees incurred (including attorneys' fees) if I am injured or harmed in any way (including illness or death) while I am performing volunteer services for the City of Richfield.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# THREE RIVERS PARK DISTRICT Release of Liability



**PLEASE READ CAREFULLY, THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS**

The purchaser(s) and user(s) of a pass or passes as a condition of being permitted to use the facilities of the area agrees:

1. I understand and accept that alpine skiing and snowboarding in its various forms is a HAZARDOUS SPORT that has many dangers and risks. I realize that injuries are a common and ordinary occurrence of this sport and that severe injury, including death, is an inherent risk of skiing/snowboarding. **I expressly assume all risk associated with skiing and/or snowboarding** including without limitation, the risks and inherent dangers associated with skiing/snowboarding and riding the lifts. These risks include, but are not limited to, changes in terrain, weather and snow surfaces, changes in lighting conditions, ice, moguls, bare spots, debris, fences, posts, trees, lift equipment and towers, rope tows, light poles, signs, buildings, roads and walkways, ramps, half-pipes, padded and non-padded barriers, jumps, rails, boxes, and other terrain features, grooming equipment, snowmobiles, utility or all-terrain vehicles, collisions with other persons, and other natural and man-made hazards. I agree to follow, and be bound by, Your Responsibility Code promulgated by the National Ski Areas Association and posted at this ski area.
2. In consideration of being allowed to use the area facilities and premises of Three Rivers Park District I agree to release Three Rivers Park District, and its agents, employees, directors, officers and shareholders (hereinafter collectively referred to as "the Park District") from any and all liability for personal injury, death or property damage which results in any way from negligence, conditions on or about the premises and facilities, the operations, actions or omissions of employees or agents of the area, or my participation in skiing, snowboarding or other activities at the area, accepting myself the full responsibility for any and all such damage or injury of any kind which may result. This release applies to all claims resulting from anything that happens after the execution of this agreement.
3. To the extent I am signing on behalf of a minor, I hereby release The Park District from any and all liability for personal injury, death or property damage sustained by said minor which results in any way from negligence, conditions on or about the premises and facilities, the operations, actions or omissions of employees or agents of the area, or the minor's participation in skiing, snowboarding or other activities at the area, accepting myself the full responsibility for any and all such damage or injury of any kind which may result.
4. I further agree to defend, indemnify and hold harmless the Park District from any and all claims, demands, losses, damages and liabilities, contribution or otherwise with respect to personal injury, death or property damage arising from my or a minor's on whose behalf I signed, participation in skiing, snowboarding or other activities at the Park District facility. I promise not to sue the Park District and further agree that if anyone is physically injured or property is damaged while I am engaged in any activity at the Park District facility I will have no right to make a claim or file a lawsuit against the Park District. I agree to defend and indemnify the Park District for any and all claims, including subrogation and/or derivative claims brought by any third party or insurer, which I may cause.
5. In accordance with Minnesota law, nothing in this Release of Liability should be construed as releasing, discharging or waiving any claims I may have for conduct that constitutes greater than ordinary negligence on the part of the Park District, or its owners, officers, shareholders, agents or employees.
6. This Release of Liability is governed by the Laws of the State of Minnesota and is intended to be interpreted as broadly as possible. If any part of this agreement is determined to be unenforceable, all other parts shall be given full force and effect.

**I HAVE CAREFULLY READ THE RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Athlete's Printed Name

\_\_\_\_\_  
Date

**Parent/Guardian:** If the athlete is a minor, I verify that I have the authority to enter into this agreement on behalf of the minor and I agree to be bound by all terms and conditions of this agreement.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

\_\_\_\_\_  
Date