



Foresight Ski Guides Volunteer Application

Date: _____

Name: _____ Birthdate: _____

Street _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email Address: _____

Education: _____

Employer: _____

May we contact you at work? _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone Number: _____

Do you have previous volunteer experience? If so, please explain (include name of agency)

What type of work would you like to do? (Fundraising/Development, PR, Administrative)

What type of commitment are you looking for? How many hours per week?



What days and times are you available to volunteer? (Weekdays, weekend days, evenings)

Do you have previous experience with blind or visually impaired people? If so, please explain.

What administrative experience and/or computer skills do you have?

Do you have your own phone and computer to use for volunteering?

Do you have any physical limitations? If yes, please explain.

How did you hear about Foresight Ski Guides?

References

Please list two personal references (not related to you).

Feel free to use previous volunteer experience.

1. _____
Name Company Phone # Relationship to you

2. _____
Name Company Phone # Relationship to you

**Please send completed applications to:
Foresight Ski Guides — P.O. Box 18944 — Denver, CO 80218
Phone 303-860-0972 — Toll Free 866-860-0972 — Fax 303-894-9383**