

New Volunteer Application 2024

To help ascertain how we can best position you as a DWA Associate Member, we would like you to complete a quick questionnaire.

This will help us understand your on-snow history and skill level, your disability awareness, and your availability to help in other volunteer positions off-snow.

Providing demographic information is optional and all information collected will be used for record keeping purposes only. The information **will not** be used for the purposes of determining suitability for DWA participation.

Thank you for taking the time to help us with this.

Demographic information

Age:

Gender identity:

Post code:

Contact email address

Personal Information

1. What is your name?

2. (Required) Phone number

3. Which mountain(s) would like to train at? (Tick all that apply)

☐ Mt. Hotham

☐ Falls Creek

☐ Mt. Buller

☐ Perisher

☐ Thredbo

On-snow skills

4. Are you a skier or snowboarder? (Please tick ONE option)

☐ Skier

☐ Snowboarder

☐ Both

☐ Neither

5. How would you rate your skiing ability? (Please tick ONE option)

☐ Beginner

☐ Intermediate

☐ Advanced

☐ Expert

6. What difficulty slope can you complete with ease on skis? (Please tick ONE option)

☐ Green

☐ Blue

☐ Black

☐ Off-Piste

7. How would you rate your snowboarding ability? (Please tick ONE option)

☐ Beginner

☐ Intermediate

☐ Advanced

☐ Expert

8. What difficulty slope can you complete with ease on a snowboard? (Please tick ONE option)

☐ Green

☐ Blue

☐ Black

☐ Off-Piste

9. Do you have experience with adaptive snow-sports? (Please tick ONE option)

☐ Yes

☐ No

10. If yes, please explain:

Disability Awareness

11. Do you have any experience working in disability care? (Please tick ONE option)

☐ Yes

☐ No

12. If yes, please explain

13. Would you feel comfortable working directly with someone with a disability? (Please tick ONE option)

☐ Yes

☐ No

Volunteer opportunities

14. Do you have any volunteer experience? (Please tick ONE option)

☐ Yes

☐ No

15. Would you be interested in volunteering as: (Tick all that apply)

☐ Off-snow Officer

☐ Event volunteering

☐ Membership Officer

☐ On-snow Guide

16. How many days do you expect to be able to volunteer off-snow this season? (Please tick ONE option)

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5+

17. How many days do you expect to be able to volunteer on-snow this season? (Please tick ONE option)

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

☐ 10+

18. (Required) Do you have experience working with children? (Please tick ONE option)

☐ Yes

☐ No

19. In what capacity?

20. (Required) Please provide the name and phone number of a referee