

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

Section

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

Section

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:

Section

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

Section

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