

Disabled Wintersport Australia

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New Volunteer Application 2025

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

This will help us understand your on-snow history and skill level, your disability awareness, or 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.

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

Age:	Gender identity:	Post code:
Contact email address		
Personal Information		
1. (Required) What is your name?		
2. (Required) What is your email addr	ress?	
3. (Required) Phone number		
4. (Required) Which mountain would	like to volunteer at as your first prefere	nce? (Please tick ONE option)
Mt. Hotham		
Falls Creek		
Mt. Buller		
Perisher		
Thredbo		
5. Which mountain would like to volur	nteer at as your second preference? (P	lease tick ONE option)
Mt. Hotham		
Falls Creek		

Mt. Buller
6. Which other mountain/s would like to volunteer at? (Please tick ONE option)
Mt. Hotham
Falls Creek
Mt. Buller
Perisher
Thredbo
On-snow skills
7. (Required) Are you a skier or snowboarder? (Please tick ONE option)
Both
8. How would you rate your skiing ability? (Please tick ONE option)
Beginner
Intermediate
Advanced
Expert
9. What difficulty slope can you complete with ease on skis? (Please tick ONE option)
Green
Blue
Black
Off-Piste
10. How would you rate your snowboarding ability? (Please tick ONE option)
Beginner
Advanced
Expert
11. What difficulty slope can you complete with ease on a snowboard? (Please tick ONE option)
Green

Blue
Black
Off-Piste
12. (Required) Do you have experience with adaptive snow-sports? (Please tick ONE option)
Yes
No
13. What experience with adaptive snowsports?

Disability Awareness
14. (Required) Do you have any experience assisting people with a disability?? (Please tick ONE option)
Yes
No No
15. Please Explain

Volunteer opportunities
16. (Required) Do you have any volunteer experience? (Please tick ONE option)
Yes
No
17. What volunteer experience?

18. (Required) Would you be interested in volunteering as: (Tick all that apply)
On-snow Guide
Event volunteering
Off-snow Officer
19. How many days do you expect to be able to volunteer off-snow this season? (Please tick ONE option)
<u>1</u>
2
3
<u>4</u>
5+
20. (Required) How many days do you expect to be able to volunteer on-snow this season? (Please tick ONE option)
<u> </u>
2
3
4
5
6
7
8
9
<u> </u>
21. (Required) Do you have experience working with children? (Please tick ONE option)
Yes
No No
22. In what capacity?
23. (Required) Please provide the name and phone number of a referee