

**VOLUNTEER APPLICATION (Please Print Legibly!)**



**2011-2012 SEASON**

↓ **\*SSN REQUIRED\***

↓ **\*HIGHLY HELPFUL\***

Last name		First	MI	Social Security #	Email Address
Address				Cell Phone #	Home Phone #
City		State		Zip	Date of Application
Work Phone #		Job Preference if any			
Circle Race Preference for Volunteering ⇒	Alpine Races	Nordic Races	Snowboard Events		

*Have you ever volunteered for MBSEF in the past? (Circle one) Yes / No*

*Have you ever worked for Mt. Bachelor Ski Area in the past? (Circle one) Yes / No*

If Yes, please list last position. If Yes, I authorize Mt. Bachelor to release information of my work history.

Department:	Last date employed
Supervisor	Reason for leaving

**LIABILITY RELEASE AND INDEMNITY AGREEMENT**

In consideration of my selection as a volunteer and use of Mt. Bachelor, Inc.'s premises, I hereby agree to release from liability and to indemnify and hold harmless Mt. Bachelor Sports Education Foundation, Inc., Mt. Bachelor, Inc. and all sponsors, organizers, owners, agents, landowners, affiliated companies and employees from any and all claims that I may now have or which I may hereafter have for property damage, injury or death which I may suffer or for which I may be liable to others, arising out of or in any way connected with my participation in Mt. Bachelor Sports Education Foundation, Inc. events or any related activities. I understand that this Release and Indemnity Agreement shall apply to all claims based upon negligence and any other theory of recovery, except claims based upon willful or intentional misconduct. The undersigned, nevertheless, enters into this agreement freely and voluntarily and agrees that it is binding on the undersigned and the undersigned's heirs and legal representatives.

Initial here: \_\_\_\_\_

I also agree that any and all disputes between myself and Mt. Bachelor Sports Education Foundation, Inc. and/or Mt. Bachelor, Inc., arising from my participation in Mt. Bachelor Sports Education Foundation, Inc.'s events or any related activities or the use of Mt. Bachelor, Inc.'s premises, facilities or services will be governed by the laws of the State of Oregon and the exclusive jurisdiction thereof shall be in the state courts of the State of Oregon, and the venue for these disputes shall be in Deschutes County, Oregon.

Initial here: \_\_\_\_\_

I am aware I am **NOT** an employee of MBSEF. I am aware I am **NOT** covered by MBSEF's Worker's Compensation Insurance.

Initial here: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Dated: \_\_\_\_\_  
(18 years or older)

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I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service. I understand that for my volunteering, I will receive 1 lift ticket (Alpine) or trail pass (Cross Country) that will be used to function as a volunteer on the MBSEF event day plus 1 to use on another day. I understand that I will be able to redeem 2 lift tickets (Alpine) or 2 trail passes (Cross Country) per day (if you have worked these days). Alpine lift tickets are to be picked up at the West Village Guest Services Sports Desk Window upon showing a Volunteer card and valid photo ID (Alpine lift tickets can be exchanged for XC trail passes at the Nordic Center). I understand that I am the only person that will be able to pick up this ticket. I understand that any attempt to sell this ticket will result in my inability to obtain any further ticket privileges through MBSEF or Mt. Bachelor Inc.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(18 years or older)