Volunteer to Ski Program

Volunteer to Ski Program offers youth the opportunity to volunteer in our community and experience the reward of a winter season pass to Whitefish Mountain Resort. This opportunity is available for students entering 6-8th grade in 2019/20 school year.

What do you need to apply?

- Return the completed City of Whitefish Volunteer application, along with essay questions no later than May 17th, 2019. Drop off at Whitefish City Hall, email to skostoff@cityofwhitefish.org, or mail to City of Whitefish, Attn: Stephen Kostoff, PO Box 158, Whitefish, MT, 59937.

- Applicant names will be put in a hat, and approximately ten names will be drawn for the volunteer program.

- If your child’s application is accepted, he/she will be required to complete 20 hours of age appropriate community service in our city parks throughout the summer.

- Parents and children are required to attend a mandatory meeting with the Parks and Recreation Staff on June 13th, 2019 at 8:30 a.m. at Whitefish City Hall, City Hall Council Chambers Conference Room, to go over scheduling and projects.

- It is the responsibility of the participants to secure transportation to and from the parks locations at the designated times throughout the season.

- Once the 20 hours of community service is completed, participants will need to complete a written exit essay.

- Gift cards, in the amount of an early season junior pass (ages 7-12), will be distributed in early September. Families will need to purchase the pass prior to September 30th to receive the early season rate for the 2019/20 winter season. For children over the age of 13, families will need to pay the difference for a teen pass (ages 13-18).

**For more information, call Stephen Kostoff, Recreation Programmer, City of Whitefish, Parks and Recreation Department at 863-2447**

**Thank you to Volunteer to Ski Program Sponsors!**

Glacier Restaurant Group
Whitefish Winter Carnival
Big Mountain Ski Club
Volunteer to Ski Essay Questions

Two Page Minimum - Please use a separate piece of paper.

Answer all questions.

• What does this community mean to you?

• How can you make the community better?

• What will this volunteer opportunity do for you?

• Who will benefit from your service?

• What makes you different from other applicants?
Volunteer Application

Name: ____________________________________________  First  MI

Address: ________________________________________________________________

City: _________________________ State: ___________________ Zip: ___________

Home Phone: ________________  Alt. Phone: ________________  Mobile Phone: ________________

Email Address: __________________________________________________________

Emergency Contact: ___________________________  Phone: __________________________

Volunteer Program: (choose one)

☐ Adopt-A-Park or Path – Location: ____________________________  ☐ Volunteer to Ski

☐ Recreation Volunteer  ☐ Community Service  ☐ Other: ________________

Please list any medical conditions that may affect your activities as a volunteer: (include allergies)
______________________________________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________________________________

Are you currently certified in any of the following?  CPR _______  1st Aid _______

Last 4 digits of Social Security Number: _______ (for use in the event of a Workman’s Comp claim)

☐ I do NOT give permission for any photos taken of me to be used by the City of Whitefish in publications, website, and social media.

I assume all risks and hazards incidental to the conduct of the volunteer work. Further I hereby release, absolve indemnify and hold harmless the City of Whitefish, employees and any or all of them for any injuries I may, or my child may sustain as a participant in these activities. Volunteers are involved at their own risk. Further I hereby grant authority to a qualified doctor to render such treatment as deemed necessary under the circumstances.

Signature: ___________________________ ___________________________  Date: ____________
Volunteer

Signature: ___________________________ ___________________________  Date: ____________
Parent or Guardian if under 18 years of age

Signature: ___________________________ ___________________________  Date: ____________
Parks and Recreation Director