



VOLUNTEER AMBASSADOR INFORMATION SHEET

DATE: _____ PRIMARY BASE AREA: _____ POSITION: _____
(mm/dd/yyyy)

NAME: _____
AS IT APPEARS ON YOUR (LAST) (FIRST) (MIDDLE)
SOCIAL SECURITY CARD

CURRENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PERMANENT ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

EMAIL: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE #: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY, OR WITHIN THE LAST FIVE YEARS, A MISDEMEANOR?
YES NO NOTE: A CONVICTION WILL NOT NECESSARILY BAR VOLUNTEER STATUS
IF YES, STATE THE DATE OF CONVICTION AND NATURE OF THE OFFENSE:

FOREIGN LANGUAGE LISTING: LANGUAGES SPOKEN FLUENTLY:
SKI LIFTS, INC. KEEPS A FOREIGN LANGUAGE LISTING OF VOLUNTEERS WHO
SPEAK A LANGUAGE OTHER THAN ENGLISH IN ORDER TO ACCOMODATE GUEST
WHO ARE IN NEED OF A TRANSLATOR. IF YOU ARE INTERESTED IN ASSISTING IN
THIS PROGRAM, PLEASE LIST ANY LANGUANGES YOU SPEAK FLUENTLY

NOTICE:

VOLUNTEER POSITIONS MAY REQUIRE BACKGROUND, REFERENCE, CREDIT CHECKS AND/OR DRUG TESTING. I UNDERSTAND I AM OBLIGATED TO REVEAL TO THE SUMMIT AT SNOQUALMIE ANY CRIMINAL BACKGROUND, CHANGE OF IDENTITY OR SEXUAL OFFENSES, AND I AGREE TO A BACKGROUND CHECK FOR VERIFICATION. I UNDERSTAND THAT AS A CONDITION OF BEING ALLOWED TO PERFORM AS A VOLUNTEER AT THE SUMMIT AT SNOQUALMIE, I MAY BE REQUIRED TO COOPERATE IN TESTING FOR THE PRESENCE OF DRUGS AND/OR ALCOHOL IN MY SYSTEM, AT SUCH REASONABLE TIME AND MANNER DESIGNATED BY THE SUMMIT AT SNOQUALMIE, AND I AGREE TO SIGN ALL NECESSARY AUTHORIZATION FORMS IN CONNECTION WITH SUCH TESTING. I AGREE TO ADHERE TO THE COMPANY'S GROOMING POLICY. I AUTHORIZE INVESTIGATION OF ALL INFORMATION PROVIDED BY ME ON THIS REFERENCE SHEET AND I RELEASE FROM LIABILITY BOTH THE SUMMIT AT SNOQUALMIE AND THOSE WHO SUPPLY REFERENCE INFORMATION. I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY STATEMENT OR ACTION BY THE SUMMIT AT SNOQUALMIE SHOULD BE UNDERSTOOD TO CREATE A CONTRACT OF EMPLOYMENT. I UNDERSTAND THAT MY STATUS AS A VOLUNTEER MAY BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE. I UNDERSTAND THAT IT IS THE POLICY OF THE SUMMIT AT SNOQUALMIE TO PROVIDE EQUAL OPPORTUNITY AND TO MAKE ALL VOLUNTEER STATUS DECISIONS WITHOUT REGARD TO RACE, COLOR, AGE, SEX, MARITAL STATUS, ANCESTRY, RELIGION, NATIONAL ORIGIN, CITIZENSHIP OR DISABILITY. AS A CONDITION OF BEING ALLOWED TO PERFORM IN A VOLUNTEER STATUS, I AGREE TO FULLY AND COMPLETELY COMPLY WITH ALL POLICIES CONCERNING ALCOHOL, DRUGS, SAFETY, LOSS CONTROL AND THEFT, AND FURTHER CONSENT TO SEARCHES, INSPECTIONS, EXAMINATIONS AND TESTS AS MAY BE REQUIRED BY POLICY. I UNDERSTAND THAT I MUST SIGN THE FOLOWING VOLUNTEER LIABILITY RELEASE PRIOR TO ENGAGING IN ANY VOLUNTEER ACTIVITIES AT THE SUMMIT AT SNOQUALMIE. I UNDERSTAND THAT FALSIFICATION OR OMISSION OF INFORMATION ON THIS FORM MAY RESULT IN THE TERMINATION OF MY VOLUNTEER STATUS. I CERTIFY THAT THE INFORMATION THAT I PROVIDE ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____