



# MT. ASHLAND VOLUNTEER POSITION APPLICATION

## GENERAL INFORMATION

Name (First)	(Middle)	(Last)	Email (print legibly)
(Address/Street)	(City)	(State)	(Zip)
			Date of Birth ____/____/____
Primary Telephone ( )		Secondary Phone ( )	
Have you volunteered at Mt. Ashland before? _____ If yes, in what area _____			
Dates of volunteer service: From _____ To _____ Do you ski or snowboard _____			

## VOLUNTEER POSTION DESIRED

Position(s) in order of preference (see Volunteer Positions List for more information)	Start date available _____
Positions applying for: 1. _____ 2. _____	
Please note any days or hours you cannot or prefer not to work: _____	
<b>Volunteer availability:</b>	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days only <input type="checkbox"/> Nights only (Thur/Fri)	
<input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
Age: (if under 18) _____ If selected can you show proof of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony or, within the last five years of a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No State the date of the conviction and the nature of the offense: _____	
Please list any reasonable accommodations you need, if any, to perform the essential functions of the position(s) for which you are applying: _____	

## CERTIFICATIONS & LICENSES (not required for all positions)

	Date Issued	Expiration Date	Issuing State/Agency
Standard First Aid			
CPR (Adult and and/or Infant/Child)			
Other			

## SKILLS AND ADDITIONAL TRAINING

Foreign Language/Sign Language	Read <input type="checkbox"/>	Write <input type="checkbox"/>	Speak <input type="checkbox"/>	Proficiency
Computer Skills				Proficiency
Additional Skills				Proficiency
Age Groups you prefer to work with:				

**REFERENCES** (Include at least two **work-related** references, not relatives, who are familiar with your work history and ability.)

Name	Address & Phone	Position/Title	Years Known

Why do you want to volunteer for Mt. Ashland?

How can you contribute to "hospitality" at Mt. Ashland?

**PLEASE READ AND ASK ANY QUESTIONS BEFORE SIGNING:**

I AM AWARE THAT POSITIONS MAY REQUIRE BACKGROUND CHECKS, DRIVING RECORD CHECKS, AND/OR PUBLIC RECORDS CHECKS AS A CONDITION OF EMPLOYMENT. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION INCLUDING THE RELEASE OF REQUESTED INFORMATION BY FORMER EMPLOYERS. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR NOT BEING HIRED OR IF HIRED, CAUSE FOR DISMISSAL.

IF HIRED, I WILL CONFORM TO THE RULES AND REGULATIONS OF MT. ASHLAND, INCLUDING MT. ASHLAND'S DRUG-FREE WORKPLACE POLICY AND DRUG TESTING AS OUTLINED IN THE EMPLOYEE HANDBOOK. MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE AT ANY TIME BY EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO MANAGER OR REPRESENTATIVE OF MT. ASHLAND HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO ASSURE ME OF ANY FUTURE POSITION, BENEFITS, OR TERMS AND CONDITIONS OF EMPLOYMENT, EXCEPT AS SPECIFICALLY STATED IN A CURRENT WRITTEN AGREEMENT SIGNED BY THE GENERAL MANAGER. I UNDERSTAND THAT THIS APPLICATION WILL BE ACTIVE FOR ONLY 90 DAYS FROM THE DATE BELOW, AFTER WHICH THE APPLICATION WILL BECOME INACTIVE.

I HEREBY STATE THAT ALL THE INFORMATION THAT I PROVIDE ON THIS APPLICATION AND IN MY INTERVIEW IS TRUE AND ACCURATE.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

Mailing Address: MT. ASHLAND, P.O. BOX 220, Ashland, OR 97520-0008

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