

AR&LE Ski & Snowboard Lessons

Dear Volunteer,

Thank you for your interest in the Adaptive Recreation & Learning Exchange (AR&LE) Ski and Snowboard Program. AR&LE is a cooperative between the cities of Bloomington, Eden Prairie, Edina and Richfield that provides recreation opportunities for people with disabilities.

2024 will be our 37th year of providing downhill ski lessons and 25th year of providing snowboard lessons to individuals with developmental disabilities at Hyland Hills Ski & Snowboard Area in Bloomington. The purpose of the program is to provide quality instruction to individuals with developmental disabilities, such as autism, Down syndrome and learning disabilities. Our program typically serves 20 – 30 students of various ages and abilities each year. Without volunteers our program would not be possible!

Important dates for you to consider when volunteering with our program:

Dry-Land Training at Richfield Community Center <i>1st & 2nd year volunteers only</i>	Thursday, January 4, 2024 6:30 – 8:00 pm
On-the-Hill Training at Hyland Hills <i>ALL volunteers</i>	Sunday, January 7, 2024 8:30 am – 3:30 pm
Program Dates at Hyland Hills	Thursdays, January 11 – February 15 6:30 – 8:30 pm
Make-up date (if needed)	Thursday, February 22

Enclosed is the information you need to get started including a volunteer description, application, City of Richfield volunteer waiver, Hyland Hills waiver and information on how to complete the online background check and online concussion training. We ask that you make a commitment to your student for the entire six weeks of the program. If you know you will miss more than one date please consider being a sub or team teaching with a friend so your student always has an instructor.

Please return the volunteer application & waivers and complete the background check before December 15th! Please complete the online CDC concussion training before January 7th!

Ann Jindra
Recreation Supervisor
612-861-9361
ajindra@richfieldmn.gov

Karey Jensen
Ski Coordinator

Andy Joy
Snowboard Coordinator

ADAPTIVE RECREATION & LEARNING EXCHANGE SKI & SNOWBOARD PROGRAM VOLUNTEER DESCRIPTION

POSITION TITLE: Ski or Snowboard Volunteer Instructor

LOCATION: Hyland Hills Ski & Snowboard Area (8800 Chalet Road, Bloomington MN 55438)

GOAL: To provide six weeks of fun, safe, quality ski/snowboard instruction to individuals with developmental disabilities.

RESPONSIBILITIES

1. Provide a positive skiing/snowboarding experience.
2. Ensure safety before, during, and after skiing or snowboarding.
3. Work weekly with a designated skier/boarder on a 1:1 or 1:2 ratio.
4. Maximize each student's abilities.

QUALIFICATIONS

- Good communication skills
- Intermediate to advanced skiing or snowboarding ability
- Desire to teach skiing/snowboarding to individuals with developmental disabilities
- Enthusiasm
- Ages 16+

TIME COMMITMENT

New volunteers must attend **Dry Land Training** and **On The Hill Training**. We ask that you make a commitment to your student for the six weeks of the program. If you know you will miss more than one date, please consider being a sub or team teaching with a friend so your student always has an instructor.

Dry Land Training at the Richfield Community Center
Thursday, January 4, 2024: 6:30 – 8:00pm

On The Hill Training at Hyland Hills
Sunday, January 7, 2024: 8:30am – 3:30pm

2024 PROGRAM DATES:

Thursdays, January 11 - February 15
***Make-up date: February 22**

Lesson Time: 6:30pm - 8:30pm

POLICIES

Absentee

If you must be absent in case of emergency or illness, notify staff immediately. We will assist you in finding a sub. If you have arranged a sub, let us know.

Confidentiality

Feel free to discuss your volunteer experience with others, but please, no identifying individual's personal information such as full name, family, where they live. This is all confidential information; please respect their rights of privacy at all times.

Weather

The program cancels if the temperature is colder than 5 degrees below zero and/or 15 degrees below zero wind-chill. At 3:00pm a recorded message at 612-861-9189 (option 4) will report the program's status. If the temperature changes after 3:00pm the decision will remain the same. Cancellations due to snow conditions or storms will be made as necessary. **Please do not call Hyland Hills; they do not always have cancellation information.**

AR&LE Ski/Snowboard Volunteer Application

Thank you for applying to be a volunteer for the Adaptive Recreation & Learning Exchange Ski/Snowboard Program.
All volunteers must be 16 years or older. Please read the attached volunteer description.

PERSONAL INFORMATION:

Name _____ Home Phone _____ Cell Phone _____

Address _____ City _____ Zip Code _____

E-mail Address _____

Are you under the age of 18? Yes _____ No _____

Emergency Contact: _____ Phone: _____

How did you hear about our program? _____

ADDITIONAL INFORMATION:

Would you like to teach: Skiing _____ Snowboarding _____

Level of ability: Intermediate _____ Advanced Int. _____ Advanced _____ Instructor PSIA Certified _____

Have you taught ski or snowboarding before? No _____ Yes _____ Describe: _____

Have you worked with people with disabilities before? No _____ Yes _____ Describe: _____

Dates you know you will not be able to volunteer: _____

REFERENCES:

Name:	Relationship:	Phone Number
1. _____	_____	_____
2. _____	_____	_____

NOTICES AND SIGNATURE: I certify that all the information I have provided on this application is correct and that I have not omitted any information. I understand that the data supplied on this form will be used in organizing the program and for emergency files. Without all information I realize the program may not be able to process my application.

Signature of Volunteer Applicant

Date

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on this application, to provide volunteer services to the AR&LE program.

Signature of Parent/Guardian

Date

AR&LE does not discriminate on the basis of race, color, national origin, age, disability or sexual orientation in its employment or the provisions of service.

RETURN APPLICATION TO:

MAIL: ADAPTIVE SKI & SNOWBOARD PROGRAM
7000 NICOLLET AVE
RICHFIELD, MN 55423
EMAIL: ajindra@richfieldmn.gov

**Administrative Services Department
Human Resources**

CITY OF RICHFIELD

WAIVER AND CERTIFICATE OF NON-EMPLOYMENT

I, _____,
(print name)

understand that I am not employed by the City of Richfield. As a volunteer I understand and agree to the following:

- I am performing volunteer service for the City and I will not be compensated for my volunteer services.
- The City has the right to decline, or cease using, my services at any time for any reason.
- I will use the City's technology resources appropriately and responsibly.
- I may have access to, observe, or overhear confidential or sensitive information relating to the individuals we may be assisting or serving. I agree to maintain the confidentiality of all such information and will not discuss or disclose such information other than with the City of Richfield personnel with whom I am working.
- I understand that information kept by the City is governed by the Minnesota Data Practices Act and that there are rules related to the release of information. Therefore, I will immediately report to a City employee or supervisor any requests I receive from third parties for information.
- In addition I waive all rights to insurance coverage, workers' and unemployment compensation and any other benefit or service provided by the City to its employees. I understand that the City is not obligated to provide me with benefits or services of any kind.
- Except as otherwise covered by the City's insurance policies I also agree that the City of Richfield will not be held liable for any damages suffered or costs or fees incurred (including attorneys' fees) if I am injured or harmed in any way (including illness or death) while I am performing volunteer services for the City of Richfield.

Date

Signature

THREE RIVERS PARK DISTRICT SNOWSPORTS ACADEMY PROGRAMS/LESSONS

Ski Clubs and Snowsports Academy

Student Name _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Name _____

Phone (Home) _____ (Cell) _____

AGREEMENT AND RELEASE OF LIABILITY

PLEASE READ CAREFULLY, THIS IS A RELEASE OF LIABILITY & WAIVER OF LEGAL RIGHTS

In consideration for the opportunity to participate in the Snowsports School at Three Rivers Park District, and a condition of being permitted to use Three Rivers Park District premises and facilities, including for Alpine Skiing and/or Snowboarding (the "Activities"), the individual(s) named below (referred to as "I" or "me") agree to all of the terms and conditions set forth in this Agreement.

1) EXPRESS ASSUMPTION OF RISK: I UNDERSTAND AND ACCEPT THAT THE ACTIVITIES ARE DANGEROUS and involve certain risks that cannot be eliminated regardless of the care taken to avoid injuries. The inherent risks associated with the Activities include, but are not limited to: loss of control; collisions with other persons; collisions with natural and man-made objects (including, without limitation, trees, rocks, stumps, holes, forest growth, downed timber, fences, posts, padded and non-padded barriers, lift equipment and towers, rope tows, light poles, snowmaking equipment, signs, buildings, and paved, wooden, gravel and dirt roads and walkways); collisions with over-snow vehicles (including, without limitation, groomers, snowmobiles, and utility or all-terrain vehicles); encountering marked and unmarked terrain features (including, without limitation, snowmaking mounds, moguls, jumps, ramps, half-pipes, rails, boxes, and other freestyle and terrain park features); encountering ice, bare spots, and debris; changes and variation in terrain and slope; changes and variation in weather, snow, surface, and lighting conditions; slips and falls on ice and snow; errors in loading, riding, or unloading a lift (including, without limitation, misloading, being struck by a chairlift, becoming entangled with equipment, and falling from a chairlift); and possible equipment failure and/or malfunction, including lift equipment and my own or rented or borrowed equipment. I ACKNOWLEDGE AND ACCEPT that Three Rivers Park District has no duty to protect me from the above risks or any other risks inherent to the Activities. I UNDERSTAND AND ACCEPT that such risks may cause SERIOUS INJURY including PERMANENT DISABILITY, OR DEATH, and EXPRESSLY AND VOLUNTARILY ASSUME all such risks, accepting for myself FULL RESPONSIBILITY for any loss or damage I may sustain.

2) RELEASE OF LIABILITY: I AGREE TO RELEASE Three Rivers Park District, including its owners, officers, directors, managers, employees, agents, volunteers, successors, and assigns (the "Releasees"), FROM LIABILITY FOR RELEASEES' OWN NEGLIGENCE. I understand that this means I am waiving my right to sue Releasees for any personal injury, disability, death, or property damage I may sustain in relation to my use of Three Rivers Park District's premises and facilities or my participation in the Snowsports School and Activities caused by Releasees' own negligent acts or omissions. I agree that this release applies to and is binding on any minor for whom I sign. I further agree to pay all costs and expenses, including attorneys' fees, incurred by Releasees in connection with any claim brought by or on behalf of me or any minor for whom I sign, in violation of this release of liability.

3) INDEMNIFICATION: I AGREE TO INDEMNIFY AND HOLD THE RELEASEES HARMLESS from liability for claims for personal injury, disability, death, or property damage arising out of my own negligence or the negligence of any minor for whom I sign, even if such claim also arises from or is alleged to arise from Releasees' own negligence. This includes paying all judgments, interests, costs and expenses, including attorneys' fees, incurred by Releasees in connection with any claim arising out of my own negligence or the negligence of any minor for whom I sign, even if such claim also arises or is alleged to arise from Releasees' own negligence.

4) MY RESPONSIBILITIES: I AGREE to follow and be bound by "YOUR RESPONSIBILITY CODE," promulgated by the National Ski Areas Association and posted by Three Rivers Park District.

5) MISCELLANEOUS PROVISIONS: If any term or provision of this Agreement is deemed invalid, illegal, or unenforceable, all other parts will be given full force and affect. All matters arising out of or relating to this Agreement or my participation in the Activities will be governed by the laws of the State of Minnesota, and exclusive jurisdiction thereof will be in the district court residing in and for Hennepin County, Minnesota.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING MY RIGHT TO SUE THE RELEASEES FOR THEIR OWN NEGLIGENCE. I VOLUNTARILY SIGN WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Participant Name (Print):

Signature:

Date:

Age:

I AM THE PARENT OF THE MINOR NAMED ABOVE, OR AM AUTHORIZED TO SIGN ON BEHALF OF THE MINOR. I DESIRE FOR THE MINOR NAMED ABOVE TO PARTICIPATE IN THE ACTIVITIES AND BELIEVE IT IS IN HIS/HER/THEIR BEST INTEREST TO DO SO. I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. BY SIGNING BELOW, I GIVE THE MINOR NAMED ABOVE PERMISSION TO PARTICIPATE IN THE ACTIVITIES WITH THE UNDERSTANDING AND INTENTION THAT THE TERMS AND CONDITIONS OF THIS AGREEMENT ARE BINDING ON ME AND THE MINOR ON WHOSE BEHALF I AM SIGNING, INCLUDING THE EXPRESS ASSUMPTION OF RISK, RELEASE OF LIABILITY FOR RELEASEES' OWN NEGLIGENCE, AND INDEMNITY AGREEMENTS.

Parent or Legal Guardian Name (Print):

Signature:

Date:

Relationship to Minor:



Originating Dept./Div.: _____

CITY OF RICHFIELD General Authorization and Release of Information

I, the undersigned, hereby authorize and grant my informed consent to permit the Minnesota Bureau of Criminal Apprehension (BCA) and Richfield's Public Safety Department (RPD) to inspect, gather and release to the Human Resources Manager for the City of Richfield (CITY) all data classified as private which concerns me and which may be in their possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which in any way relates to my dealings with the BCA and/or the RPD. I understand that the purpose of permitting the CITY to have access to this information is to determine my suitability for employment.

By signing this authorization, I hereby release the BCA and the RPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the CITY from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected as a candidate for employment, on the basis of criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the CITY will not be able to determine whether my conviction record is a job-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the CITY of that intent.

Please print the following information:

Full Name (first middle last)	
Current Address (street address, city, state, zip code, and county)	
Alias Name(s)	Maiden Name
Driver's License State and Number	Driver's License Expiration Date
Date of Birth	

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application or dismissal if I am hired.

I hereby authorize the City of Richfield to use this information to determine my suitability for employment.

Signature of Applicant

Date

Signature of Parent/Guardian if applicant is a minor

Please return to:
City of Richfield Human Resources
6700 Portland Avenue
Richfield, MN 55423

Equal Opportunity Employer/Affirmative Action

	(All applicants) No identifiable criminal history record exists or is non-disclosable.
	(18 and over) Record confirmed. Contact the Police Lieutenant.
	(Under 18) Contact Police Lieutenant.
Public Safety Signature :	_____
Date :	_____



Concussion Awareness Training for Volunteer Ski & Snowboard Instructors

Minnesota State Legislature passed a law, which went into effect September 1, 2011, aimed at preventing and identifying concussions in youth participating in sports.

Because we are a city organized program that serves youth and vulnerable adults in our program we must comply with the Minnesota Concussion Law. The law emphasizes education about concussions to coaches (as our volunteer ski & snowboard instructors, you are our coaches), parents and participants.

All volunteers will need to go through the free online training program titled *HEADS UP to Youth Sports: Online Training* found on the Centers for Disease Control & Prevention website <https://www.cdc.gov/headsup/youthsports/training/index.html>. This training consists of a video & questions that will take about an hour of your time. At the end of the training & quiz you can print a certificate demonstrating completion with your name and the date you completed the e-training – **print this certificate off and turn it into Ann. The CDC Concussion Awareness Training needs to be completed by January 7, 2024.** This training needs to be repeated every 3 years.

1. Log onto <https://www.cdc.gov/headsup/youthsports/training/index.html>
2. Scroll down to the Launch the Training link for **Coaches**
3. Create an account
4. Complete the PreAssessment
5. Go through the training
6. After you have completed the training, you will click the orange "Exit" to return to the CDC TRAIN course webpage. Click the green "Assessment" button to take the post-test.
7. Print your completion certificate
8. Turn the certificate into Ann

If you suspect you or your participant may have sustained a concussion due to a hard fall or collision, remove yourself and the participant from the hill and report inside the chalet. Notify AR&LE staff, the participant's parent or caregiver and follow the check list for signs and symptoms of a concussion.

Thank you for volunteering and taking the time to help us comply with the law and put the health & safety of our participants first!

Information taken from the CDC www.cdc.gov website.