



## **DWA Ski Guides Medical information**

Do you have any allergies or medical concerns? Yes No (If yes please give details)

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Do you have any pre existing injuries or conditions? Yes No (If yes please give details)

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Medicare Number..... Valid Until ...../.....

Private health Insurance fund..... Number.....

## **Volunteer Agreement**

Volunteers of Disabled WinterSport Australia are required to voluntarily complete a current application which includes a signed waver and emergency contact information. Volunteer ski guides are covered by DWA's public liability insurance (which covers a third party in case of an accident or injury for which DWA is claimed to be negligent). However this public liability insurance does not provide cover for yourself in the event of an accident or injury. DWA does not accept responsibility and will not be responsible for any costs relating to injuries or medical conditions that may arise while volunteering for DWA. Thus DWA recommend that volunteers carry their own health insurance.

All volunteer ski guides must have completed the DWA ski guide training course or the equivalent prior to guiding.

DWA strictly prohibits the use of any alcoholic beverages and/or illegal drugs of any kind while volunteering to guide. Any volunteer who reports in to guide while affected in any way by alcohol or drugs will be dismissed, as he/she is defined as being unable to perform work in a safe and productive manner and creates risk to the safety and wellbeing of the disabled skier, the public and DWA property,

Volunteers will need to provide their own ski equipment and DWA take no responsibility for lost or damaged equipment while volunteering.

It is the volunteer's responsibility to regularly contact DWA and update their availability and to always schedule days to guide. Please advise at least 24hrs in advance if unable to attend a guiding appointment.

Volunteer ski guides are an integral part of the service that DWA can provide to its members. Following DWA's policies and procedures will ensure an enjoyable and safe experience for members, volunteers and staff.

I have read, understand, and agree to abide by the above volunteer agreement.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_