Bellevue Ski School 2025 Chaperone Application

(Each volunteer applicant must complete this form)

Name:					
Address:					
Cell Phone:					
Alternate Phor	ne (if any):				
Email Address:	:				
Do you current No □ Yes □	tly have children	in any of our	programs? If s	so what grade(s)	?
-	n a chaperone wi ogram and what			past?	
What motivate	es you to volunto	eer with Bellev	rue Ski School?	•	
What voluntee	er experience do	you have wor	king with yout	:h (please includ	e the ages):
Which progran	n do you prefer† □ Middle S	to chaperone?	High Sch	nool 🗆	
•			•		
What dates are	e you available t	o chaperone?			
	<u>ebruary 15th</u> due t				
-	Yes □ No □	•			Yes □ No □
	Yes □ No □			March 8 th	Yes □ No □
January 25 th	Yes □ No □	February 22 th	Yes □ No □		
Are you able to	o be on-call the i	morning of ski	school if you a	aren't on the sch	edule?
No □ Yes					
					
	preferred Snows			_	_
Skiing \square	Snowboardin	g □ Snov	vshoeing \square	Nordic Skiing	
Are you interes	sted in free skiin	ng/snowboardi	ing lessons?		
No □					
Yes □ What	level? Beginne	er □ Inte	rmediate 🗆	Advanced □	