

SKI APACHE DISABLED SKIERS' PROGRAM (SADSP)

STAFF INSTRUCTOR INFORMATION

NAME _____

MAILING ADDRESS _____

CITY _____ ZIP _____

E-MAIL _____

PHONE _____ CELL _____

EMERGENCY CONTACT _____

OCCUPATION _____

EXPERIENCE WITH PEOPLE WITH DISABILITIES _____

SNOWSPORTS EXPERIENCE _____

SKILLS, EXPERIENCE, INFORMATION THAT YOU WOULD LIKE US TO
KNOW? _____

INJURIES, MEDICATIONS, CONCERNS? _____

WHY DO YOU WANT TO WORK WITH SADSP _____

DAYS YOU CAN AND CANNOT WORK
