

New Volunteer Application 2026 (Hotham and Falls only)

To help ascertain how we can best position you as a DWA Volunteer, we would like you to complete a quick questionnaire.

This will help us understand your on-snow history and skill level, your disability awareness, or your availability to help in other volunteer positions off-snow.

Providing demographic information is optional and all information collected will be used for record keeping purposes only.

Thank you for taking the time to help us with this.

Please note: When you apply as a new associate member, you will receive a receipt by email for a "New Associate Membership Application". This is step one in becoming an associate member. Once you are approved for associate membership, you will receive an invoice by email for the new membership fee of \$90. Only once this invoice is paid, can you register for Guide training.

Demographic information

Age:

Gender identity:

Post code:

Contact email address

Personal Information

1. (Required) What is your name?

2. (Required) What is your email address?

3. (Required) Phone number

4. (Required) Which mountain would like to volunteer at as your first preference? (Please tick ONE option)

Mt. Hotham

Falls Creek

5. Which mountain would like to volunteer at as your second preference? (Please tick ONE option)

Mt. Hotham

Falls Creek

On-snow skills

6. (Required) Are you a skier or snowboarder? (Please tick ONE option)

Skier

Snowboarder

Both

Neither

7. How would you rate your skiing ability? (Please tick ONE option)

Beginner

Intermediate

Advanced

Expert

8. What difficulty slope can you complete with ease on skis? (Please tick ONE option)

Green

Blue

Black

Off-Piste

9. How would you rate your snowboarding ability? (Please tick ONE option)

Beginner

Intermediate

Advanced

Expert

10. What difficulty slope can you complete with ease on a snowboard? (Please tick ONE option)

Green

Blue

Black

Off-Piste

11. (Required) Do you have experience with adaptive snow-sports? (Please tick ONE option)

Yes

No

12. What experience with adaptive snowsports?

Disability Awareness

13. (Required) Do you have any experience assisting people with a disability?? (Please tick ONE option)

Yes

No

14. Please Explain

Volunteer opportunities

15. (Required) Do you have any volunteer experience? (Please tick ONE option)

Yes

No

16. What volunteer experience?

17. (Required) Would you be interested in volunteering as: (Tick all that apply)

On-snow Guide

Event volunteering

Off-snow Officer

18. How many days do you expect to be able to volunteer off-snow this season? (Please tick ONE option)

1

2

3

4

5+

19. (Required) How many days do you expect to be able to volunteer on-snow this season? (Please tick ONE option)

1

2

3

4

5

6

7

8

9

10+

20. (Required) Do you have experience working with children? (Please tick ONE option)

Yes

No

21. In what capacity?

22. (Required) Please provide the name and phone number of a referee