

**SUMMER PROGRAM VOLUNTEER INTAKE 2010**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONES (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-MAIL \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
IN CASE OF EMERGENCY, PLEASE CONTACT: \_\_\_\_\_  
\_\_\_\_\_

**WHAT DAYS WILL YOU MOST LIKELY BE AVAILABLE TO VOLUNTEER?**

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THUR \_\_\_\_\_ FRI \_\_\_\_\_  
SAT \_\_\_\_\_ SUN \_\_\_\_\_ VARIES \_\_\_\_\_

CAN YOU WORK OTHER DAYS WITH ENOUGH LEAD TIME IF REALLY NEEDED? \_\_\_\_  
\_\_\_\_\_ WHICH? \_\_\_\_\_

WE WANT TO ESTABLISH EMAIL COMMUNICATION WITH AS MANY VOLUNTEERS AS  
POSSIBLE. DO YOU CHECK YOUR EMAIL REGULARLY? \_\_\_\_\_ YES \_\_\_\_\_ NO,  
PLEASE CALL ME

**WOULD YOU LIKE TO VOLUNTEER FOR:**

RIVER RAFTING \_\_\_\_\_ FISHING \_\_\_\_\_ SEA KAYAKING \_\_\_\_\_  
LAKE CANOEING \_\_\_\_\_ CAMPING \_\_\_\_\_ CLIMBING \_\_\_\_\_  
CYCLING \_\_\_\_\_

**NOTE: ALL FISHING VOLUNTEERS ARE REQUIRED TO HOLD ( & HAVE ON THEIR  
PERSON) A CO STATE FISHING LICESENE (SEASON OR DAY)**

BRIEFLY DESCRIBE YOUR OUTDOOR BACKGROUND AND EXPERIENCE: \_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**PLEASE LIST CURRENT CERTIFICATIONS:**

CPR/TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
FIRST AID/TYPE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
WILDERNESS F.A./TYPE \_\_\_\_\_ EXP. DATE \_\_\_\_\_  
LIFEGUARDING \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
SWIFTWATER RESCUE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_  
PLEASE LIST ANY OTHER CERTIFICATIONS AND EXPIRATION DATES \_\_\_\_\_

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HOW DID YOU HEAR ABOUT ASA? \_\_\_\_\_

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE \_\_\_\_\_

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PLEASE DESCRIBE PREVIOUS EXPERIENCE WORKING WITH PEOPLE WITH  
DISABILITIES OR TEACHING EXPERIENCE \_\_\_\_\_

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IS THERE ANYTHING ELSE YOU'D LIKE US TO KNOW ABOUT YOU? \_\_\_\_\_

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**VOLUNTEER DIRECTORY**

WE WOULD LIKE TO INCLUDE ALL CURRENT VOLUNTEERS IN A VOLUNTEER  
DIRECTORY, TO BE USED ONLY BY THOSE CURRENTLY AFFILIATED WITH ASA. A  
NAME, PHONE NUMBER, AND EMAIL ADDRESS WILL BE INCLUDED ON ALL  
VOLUNTEERS WHO GIVE CONSENT.

\_\_\_\_\_ I WOULD LIKE TO BE INCLUDED IN THE VOLUNTEER DIRECTORY

\_\_\_\_\_ PLEASE DO NOT INCLUDE ME IN THE VOLUNTEER DIRECTORY  
IF YOU ELECT NOT TO BE INCLUDED, WE WILL NOT SHARE YOUR CONTACT  
INFORMATION WITH ANYONE PRIOR TO OBTAINING YOUR PERMISSION

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*REMINDER\*\***

**ALL VOLUNTEERS MUST COMPLETE A BACKGROUND CHECK ONCE PER YEAR.  
PLEASE CONTACT THE OFFICE TO FIND INFORMATION ON THIS POLICY.**

**THANK YOU FOR YOUR TIME AND INTEREST!!**

**DS/USA, ASA INSURANCE WAIVER & RELEASE OF LIABILITY FORM and MEDIA RELEASE FORM**

**Please note: there are two places on this sheet that require a signature**

