

SUMMER PROGRAM VOLUNTEER INTAKE 2009

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 _____ DRIVING THE VAN _____

**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:

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 _____

HOW DID YOU HEAR ABOUT ASA? _____

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE _____

PLEASE DESCRIBE PREVIOUS EXPERIENCE WORKING WITH PEOPLE WITH
DISABILITIES OR TEACHING EXPERIENCE _____

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

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 _____

THANK YOU FOR YOUR TIME AND INTEREST!!

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

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

DS/USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in DISABLED SPORTS USA's programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue DISABLED SPORTS USA, its affiliated clubs, their representative administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.	
X _____	
Participant's Name (PLEASE PRINT CLEARLY) Signature	Date

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____

Parent's Signature & Emergency Phone CLEARLY)	Name & Date (PLEASE PRINT CLEARLY)
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MEDIA RELEASE FORM

Name _____ Age _____ Male _____
 Female _____

(PLEASE PRINT CLEARLY)

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending this DS/USA event. I further agree that DS/USA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____

Signature of Participant/Guardian	Date
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Adaptive Sports Association

AUTHORIZATION TO RELEASE INFORMATION

I, _____

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of Adaptive Sports Association (ASA) and **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by ASA and **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining my suitability to provide volunteer services for the benefit of ASA. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application to ASA. I agree to provide additional information that may be requested to process my application. I authorize without reservation, any party or agency contacted by ASA and **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my services to ASA to the extent permitted by law.

**I hereby do _____ do not _____ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the /Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of application by ASA or the termination of my services to ASA.

Printed Name

Applicant Signature

Date

! CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.