

## Winter Return Volunteer Intake Form – 2008-2009

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Birth date \_\_\_\_\_ ASA Since \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

e-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

When/where is the best time to call you? \_\_\_\_\_

### **How should we contact you?**

ASA would like to establish email communication with as many volunteers as possible. Is email a viable means of communication for you? (Program updates, scheduling, upcoming events etc.)

**YES** \_\_\_\_\_ **NO, please call me** \_\_\_\_\_

### **What days will you be able to volunteer?**

Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_ Thurs \_\_\_\_ Fri \_\_\_\_ Sat \_\_\_\_ Sun \_\_\_\_ Varies \_\_\_\_\_

Could you work other days if really needed? \_\_\_\_\_ Which? \_\_\_\_\_

Can you schedule to work a different day with enough lead-time? \_\_\_\_\_

### **Certification:**

Are you PSIA/AASI certified? \_\_\_\_\_ What level/type/discipline? \_\_\_\_\_

### **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.

**Other Stuff:**

Would you be interested in volunteering with our summer program? \_\_\_\_\_

Would you be able to host a scholarship skier/snowboarder in your home? \_\_\_\_\_

**Anything Else You'd Like Us to Know:**

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***THANK YOU FOR CONTINUING TO GIVE YOUR TIME AND PASSION TO  
OUR PROGRAM! WE COULDN'T DO IT WITHOUT YOU!!***

## Instructional Comfort Level & Interest 2009-2010

In an effort to keep track of where all of our volunteer instructors are at and what interests/experience you have, as well as doing our best to ensure appropriate matches between students and instructors, we would like you to take a few moments to complete this form.

\*Check the “**Interested**” column if you are interested in working with a particular disability/discipline listed below but have never taught it.

\*If you have had **some experience** in a discipline listed below, let us know at what level you are presently comfortable and what goal you have for this season.

\*If you have **no interest** in a particular discipline, leave it blank.

For example: Last season you did a blind clinic but you never really taught. Your **present comfort level** might be **Ski Buddy** and your **goal** might be to work up to **Assistant Instructor** by the end of the season.

<u>Discipline</u>	<u>Interested?</u>	<u>Present Comfort Level*</u>	<u>Goal for this Season*</u>
<b>Cognitive</b>	_____	_____	_____
<b>Snowboard</b>	_____	_____	_____
<b>Mono/Bi Ski</b>	_____	_____	_____
<b>3-Track</b>	_____	_____	_____
<b>4-Track</b>	_____	_____	_____
<b>Blind/V.I.</b>	_____	_____	_____
<b>Ski Bike</b>	_____	_____	_____

### \*DESCRIPTION OF INSTRUCTIONAL LEVELS:

**Ski Buddy:** Many of our students in various disciplines are independent skiers, but need some assistance while out on the snow. They may need a mountain guide, they may need help getting up if they fall, they may need help or guidance getting on the lift, or they may just need a friend to ski with.

**Assistant Instructor:** If you want to learn more about teaching a discipline, this is a great place to be. You’ll begin to learn more about the discipline and the teaching progression and you’ll always have a lead instructor with you.

**Lead Instructor:** If you’re a Lead Instructor, you are ready to teach lessons in this discipline on your own. You may also be asked to help work with Assistant Instructors. Don’t worry, not all lessons as a Lead Instructor are “solo”. Many students will always need two instructors.



# Adaptive Sports Association

## AUTHORIZATION TO RELEASE INFORMATION FOR REQUIRED PRE-PARTICIPATION BACKGROUND CHECK

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.

## Membership Form

2008-2009

We ask that all volunteers become members.  
(it doesn't matter the amount, whatever you can afford)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Please Print)

Yes, I want to support people with disabilities

\$ up to 25	_____	Active Volunteer
\$50	_____	Friend
\$100	_____	Fan
\$150	_____	Commercial
\$250	_____	Patron
\$500	_____	Benefactor
\$1,000	_____	Guardian Angel
\$ you name it	_____	Humanitarian

Please return you tax deductible donation to:  
Adaptive Sports Association  
PO Box 1884  
Durango, Co 81302

Amount: \$ \_\_\_\_\_

Charge: MC \_\_\_ Visa \_\_\_ Expiration Date: \_\_\_\_\_

Card#: \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Thank you. Your contribution is greatly appreciated!