

ADAPTIVE SPORTS ASSOCIATION
Winter New Volunteer Intake Form – 2009-2010

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Birthdate _____ Home phone _____ Work phone _____

E-mail _____ 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? _____

Where would you like to volunteer?

Ski instructor _____ Snowboard instructor _____ Office _____

Events/Fund Raising _____ Other _____

Ski/Snowboard Exp:

Skiing: intermediate adv. intermediate expert

Snowboard: intermediate adv. intermediate expert

How many years have you been skiing/snowboarding? _____

Are you PSIA/AASI certified? _____ What level/type/discipline? _____

Are you interested in becoming certified? _____

Other Experience & Info:

Do you know sign language? _____ If so, what kind? _____

Please list any previous volunteer experience: _____

What experience do you have working with people with disabilities? _____

Would you be interested in volunteering with our summer program? _____

Would you be interested in hosting a scholarship skier/snowboarder in your home? _____

Please list any hobbies, activities, strengths, workshops, special knowledge or skills, teaching or coaching experience or any other abilities that you could share with ASA.

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.

How did you first hear of the Adaptive Sports Association? _____

Following is a list of adaptive skiing “disciplines”. Please let us know which ones you are interested in:

<u>Discipline</u>	<u>Interested (y/n)</u>
Cognitive Skiing	_____
Snowboard (all)	_____
Mono-/Bi-ski	_____
3-track	_____
4-track	_____
Blind/Visually Impaired	_____
Ski Bike	_____

Please use the space below to tell us anything else you’d like to let us know:

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

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!