



Adaptive Sports Association

...exploring possibilities

2016-17 NEW Winter Volunteer Intake Form

Name _____ M/F _____ Date _____

Address _____ City _____ State _____ Zip _____

Birth date _____ Home phone _____ Work phone _____

Cell phone _____ E-mail _____

Are you your own legal guardian? _____ ***If the answer is NO, your legal guardian or legal representative must sign the waiver & release of liability agreement on your behalf. Please provide the following information about your guardian:***

Guardian's full name & relationship _____

When/where is the best time to call you? _____

Emergency contact- name/relationship/phone no.: _____

How should we contact you?

Phone Text Email Facebook

What days will you be able to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Could you work other days if really needed? _____ Which? _____

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

How would you like to volunteer? (Check all that apply)

Ski instructor _____ Snowboard instructor _____ Office _____ Events/Fundraising _____

Other _____

Ski/Snowboard Experience:

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? _____

For office use ONLY:

Master _____

Database _____

Would you be interested in possibly 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. _____

Please check additional skills you may be willing to contribute to the organization:

<input type="checkbox"/> Arts and crafts	<input type="checkbox"/> Communications	<input type="checkbox"/> Data entry	<input type="checkbox"/> Equipment maintenance
<input type="checkbox"/> Event planning	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Graphic design
<input type="checkbox"/> Marketing	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Office admin.	<input type="checkbox"/> Outreach
<input type="checkbox"/> Photography	<input type="checkbox"/> Web design	<input type="checkbox"/> Word processing	<input type="checkbox"/> Other_____

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 (If you don’t know what these mean, don’t worry about it):

Discipline	Interested? (Y/N)	Discipline	Interested? (Y/N)
Cognitive skiing		4-track	
Snowboard		Blind/visually impaired	
Mono/Bi ski		Ski bike	
3-track			

Please check which weight levels you feel comfortable with on lessons.

Weight (in lbs.)	Stand Up (Independent)	Stand Up (Requires assistance)	Sit-Down
125 or less			
125 to 149			
150 to 199			
200+			

Anything else you’d like us to know? _____

2016-17 Membership Form

We ask volunteers to become members with whatever you can afford, even if that is one dollar. Not only does your donation benefit our winter and summer programs, but it also helps us apply for grants and other funding.

Name _____ Street address _____

City _____ State _____ Zip code _____

Phone number _____ E-mail _____

Yes! I want to support the efforts of athletes with disabilities:

- | | |
|---|---|
| <input type="checkbox"/> Active volunteer- Up to \$25 | <input type="checkbox"/> Patron- Up to \$250 |
| <input type="checkbox"/> Celebrating 33 wonderful years!- \$33 | <input type="checkbox"/> Benefactor- Up to \$500 |
| <input type="checkbox"/> Fan- Up to \$100 | <input type="checkbox"/> Guardian angel- Up to \$1000 |
| <input type="checkbox"/> Commercial- Up to \$150 | <input type="checkbox"/> HUMANITARIAN- \$1000+ |

Would you like this donation to remain anonymous? _____

Is this gift in celebration, honor or in memory of someone? If so, please provide their name along with a name and address of any you would like to be notified of this gift. _____

Will your company match this gift? If so, please provide the name of your company. _____

- Enclosed is my check # _____ in the amount of \$ _____.
- Please charge \$ _____ to my Visa, Mastercard or Discover card.

Name on card _____ CCV _____

Card number _____ Exp. Date _____

Signature _____

Please print, complete and send this form with your donation to:

Adaptive Sports Association, P.O. Box 1884, Durango, CO 81302, Fax: 970-259-2175

Thank you! Your contribution is greatly appreciated.