



Adaptive Sports Association

...exploring possibilities

2016-17 RETURNING Winter Volunteer Intake

Name _____ Gender _____ Date _____

Street address _____ City _____

State _____ Zip _____ Birth date _____ ASA Since _____

Home phone _____ Work phone _____

Cell phone _____ Email address _____

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- Full 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? _____

Certification:

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

Clinics:

We will be running a variety of skier/snowboarder and instructor improvement clinics this season in addition to our basic volunteer training. We need your help to determine scheduling.

What days work best for you?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What types of clinics are you interested in?

Personal Ski Teaching Bag of Equipment Disability Off
Improvement Improvement Tricks Specific Specific Snow

Are there specific clinics that you would like to see offered?

For office use ONLY:

Master _____

Database _____

Volunteer Directory

We would like to include all current volunteers in a volunteer directory, to be used only by those currently affiliated with ASA. Upon consent, your name, phone number, and email address will be added to a list that ONLY ASA volunteers can use for carpooling and other resources.

- I would like to be included in the volunteer directory.
- Please **DO NOT** include me in the volunteer directory.

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

Are you interested in hosting a scholarship participant in your home? _____

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 _____

Instructional Comfort Level & Interest

Help us keep track of your interests/experience, as well as do our best to ensure the best possible matches between students and instructors.

- Check the “**Interested**” column if you are interested in working with a particular disability/discipline listed below but have never taught it. Otherwise, leave it blank.
- 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. Comfort levels include ski buddy, assistant instructor and lead instructor.

Description of instruction level:

- **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 need two instructors.

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.

Discipline	Interested? (Y/N)	Present comfort level	Goal for this season
Cognitive skiing			
Snowboard			
Mono/Bi ski			
3-track			
4-track			
Blind/visually impaired			
Ski bike			

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: _____

Thank you for continuing to give your time and passion to our program!

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.