



# Adaptive Sports Association

...exploring possibilities

## 2018-19 NEW Winter Volunteer Intake Form

Name \_\_\_\_\_ Gender \_\_\_\_\_ Date \_\_\_\_\_  
 Street address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ ASA Volunteer Since \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Emergency contact- Full name/relationship/phone no. \_\_\_\_\_

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

Guardian's full name, relationship, phone # \_\_\_\_\_

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

### How should we contact you?

Phone     Text     Email     Facebook

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

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday

Can you schedule to volunteer 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 (circle your ability level):

**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: \_\_\_\_\_

### For office use ONLY:

Master \_\_\_\_\_

Database \_\_\_\_\_

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 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. \_\_\_\_\_

How did you first hear of the Adaptive Sports Association? \_\_\_\_\_

**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.

**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?** \_\_\_\_\_

\_\_\_\_\_

## 2018-19 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 secure 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"/> <b>Celebrating 34 wonderful years!- \$34</b> | <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.**