



Adaptive Sports Association

...exploring possibilities

2019 Summer Volunteer Intake Form

Name _____ M/F DOB _____ Age _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Phone (C) _____ (H) _____ (W) _____
 Ok to Text? _____ Yes _____ No E-mail _____
 With ASA Since _____ My Superpower Would Be _____

Emergency Contact

Name _____ Relationship _____ Phone _____

What days are you most likely to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

We want to establish e-mail communication with as many of our volunteers as possible. Is e-mail a viable means of communication for you? **Yes** **No, please call.**

Which type of programs interest you:

<input type="checkbox"/> Camping	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Cycling	<input type="checkbox"/> Sailing
<input type="checkbox"/> Whitewater rafting	<input type="checkbox"/> Rock climbing	<input type="checkbox"/> Lake kayaking	<input type="checkbox"/> Waterskiing

Current Certifications:

CPR/TYPE _____ EXPIRATION DATE _____
 FIRST AID/TYPE _____ EXPIRATION DATE _____
 WILDERNESS F.A./TYPE _____ EXPIRATION DATE _____
 LIFEGUARDING _____ EXPIRATION DATE _____
 SWIFTWATER RESCUE _____ EXPIRATION DATE _____

Please list any other certifications and expirations dates _____

How did you hear about ASA? _____

Previous Experience

Please describe any previous volunteer experience: _____

For office use ONLY:

Master _____

Database _____

(TURN OVER)

Please list your occupation (current or former if retired): _____

Please describe your previous outdoor experience: _____

Please describe any experience working with people with disabilities or teaching experience: _____

Is there anything else that you would like us to know? _____

Are you interested in volunteering in the winter season? _____

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. Your name, phone number, and e-mail address will be included for 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.

REMINDER

All volunteers must complete a background check once per year.

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

2019 Membership Form

We ask all volunteers to become ASA members with whatever is affordable.

Name _____ Street address _____

City _____ State _____ Zip code _____

Phone number _____ E-mail _____

Thank you letter preference (circle one): Email Mail No Preference

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 36 wonderful years!- \$36 | <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 and address of anyone 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 _____ V Code _____

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 and helps us secure grant funding.