

TELLURIDE ADAPTIVE SPORTS PROGRAM Volunteer Information Form - Summer 2012

Name:			
Mailing Address:			
City/State/Zip:			
Phone:	(H)	(C)	(W)
Email Address:			
Do you prefer to schedule via phone or email?		<input type="checkbox"/> Home Phone	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Email
<input type="checkbox"/> Returning Volunteer	<input type="checkbox"/> New Volunteer		



I am / am NOT interested in my phone number email and/or city to be included in a **TASP Directory** that all Instructors may use to contact each other to discuss carpooling, upcoming trips, etc.

AREAS OF INTEREST (please check all that apply):

Rafting, Kayaking – river	<input type="checkbox"/>	Mountain Biking, including downhill only	<input type="checkbox"/>
Canoeing, Kayaking - flatwater	<input type="checkbox"/>	Road Cycling/Biking	<input type="checkbox"/>
Rock Climbing	<input type="checkbox"/>	Overnight Outings	<input type="checkbox"/>
Jeep or ATV Tours	<input type="checkbox"/>	Fishing	<input type="checkbox"/>
Horseback Riding	<input type="checkbox"/>	Regional Friday Activity Days	<input type="checkbox"/>
Hiking	<input type="checkbox"/>	Disabled Veterans Adventure Week	<input type="checkbox"/>
Administrative / Office projects	<input type="checkbox"/>	Special Olympics Bocce Ball	<input type="checkbox"/>
Fund Raising	<input type="checkbox"/>	Other/describe:	

PLEASE RATE YOUR ABILITY IN ANY OF THE ABOVE ACTIVITIES:

If you check “guide” then this means that you are comfortable guiding a group of participants in this activity under TASP’s guidelines.

Activity	Beg	Int	Adv	Comments	Guide
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

PREVIOUS EXPERIENCE - Please Describe:

- Please explain any teaching experiences you have had – with TASP or other Adaptive Programs, or in another setting?? Where, when, how long?
- What is your motivation for volunteering?
- I am currently (please check all that apply) First Aid CPR WFA WFR EMT certified. My certification(s) expires on _____. (please provide copy of certification to office)
- Please list any additional applicable medical or professional certifications or credentials you have and when they expire:
- Days available or periods of time available:

- I have the following additional skills to offer:

- Do you speak a foreign language? If yes, what language(s) and at what fluency?

ACKNOWLEDGEMENT OF RESPONSIBILITIES

Please initial the following statements:

___	I acknowledge that certain safety issues, risks and requirements exist while being a volunteer for TASP. I understand that if I cannot perform the required volunteer functions safely or if I need specific training, I will disclose this information to TASP staff in advance of the activity or obtain the training necessary to safely volunteer.
___	I understand that being involved with TASP may involve physical assistance including lifting, loading or unloading people with disabilities or equipment. I can lift 50 lbs.
___	I acknowledge that certain scheduling, staffing or access needs or issues may exist as a result of a personal disability or medical condition and that TASP will make every effort to provide reasonable accommodation – with advance notice.
___	I understand that volunteering is student focused. Our participant’s safety, success and positive experience is the result of a team approach. I will make every effort to communicate appropriately and patiently with students, other volunteers and TASP Staff.
___	I understand the importance of being on time and prepared with the appropriate gear to participate or make arrangements to borrow what I do not own.
___	I understand that Volunteers are NOT covered by workers compensation while participating with TASP. (check one) <input type="checkbox"/> I DO / <input type="checkbox"/> DO NOT have medical insurance. I understand any medical expenses or injuries incurred while involved in this program are my responsibility.
___	I understand that TASP is mandated by law to report any suspected child abuse or neglect and that any concerns will be reported to TASP Executive Director, Program Director, Program Coordinator or Lead Guide.
___	I have read the Volunteer Policies and Procedures, signed all paperwork, and provided a schedule for participation. I understand that my application will be reviewed and references checked by TASP staff.

PLEASE LIST 3 REFERENCES:

	Name	Address, phone, or e-mail
1.		
2.		
3.		

Print Name: _____

Signature: _____ **Date:** _____