

TELLURIDE ADAPTIVE SPORTS PROGRAM Volunteer Information Form Summer 2010

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

AREAS OF INTEREST (please check all that apply):

Rafting, Kayaking, Canoeing	<input type="checkbox"/>	Cycling, Downhill Mtn. Biking, Cycling Clinic	<input type="checkbox"/>
Hiking or Day Outings	<input type="checkbox"/>	Disabled Veterans Adventures	<input type="checkbox"/>
Rock Climbing	<input type="checkbox"/>	Overnight Outings	<input type="checkbox"/>
Jeep or ATV Tours	<input type="checkbox"/>	Fishing	<input type="checkbox"/>
Administrative, Office projects, Fund Raising	<input type="checkbox"/>	Other/describe:	

PLEASE RATE YOUR ABILITY IN ANY OF THE ABOVE ACTIVITIES:

Activity	Beginner	Intermediate	Advanced	Comments

PREVIOUS EXPERIENCE - Please Describe:

- **With TASP or other Adaptive Programs?**
- Where, when, how long?
- **Other Teaching Experience**
Where, when, how long, what age group?
- **List all applicable professional certifications or credentials:**

What is your motivation for volunteering?

Days available or periods of time available:

I have the following additional skills to offer:

I would feel comfortable leading a group of participants in the following activities under TASP's guidelines. (please list activities)

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. (Circle one) I DO / DO NOT have medical insurance and 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, Lead Guide or Office Supervisor.
_____	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:** _____

TASP Staff Signature: _____ **Date:** _____