

**TELLURIDE ADAPTIVE SPORTS PROGRAM**  
**Volunteer Information Form-Winter 2009/10**

I am a:  **New Volunteer**     **Returning Volunteer**

<b>Name:</b>			
<b>Address:</b>			
<b>City, State, ZIP:</b>			<b>County:</b>
<b>Phones:</b>	<b>Home:</b>	<b>Cell:</b>	<b>Work:</b>
<b>Email address:</b>			
Please circle your preferred method of contact:      email      cell phone      home phone			
**please note that we prefer to contact via email and will assume this is your preferred method unless otherwise noted**			

Please circle the days you will usually be available and interested in volunteering:

Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
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Please list specific dates or blocks of time in which you will NOT be available or any other notes about your scheduling preferences:


I would like to be a :  **Volunteer Lead Instructor**     **Volunteer Assistant Instructor (formerly known as "Buddy")**

**AREAS OF INTEREST:**

<b><u>Are there certain disabilities, or styles of skiing, with whom you would like to volunteer this winter?</u></b> (Circle all that apply)			
Visually Impaired Guiding	Sit-Down Mono-Ski	Stand-Up Alpine	3Track/4Track
Cognitive	Sit-Down Bi-Ski	Snowboarding	Hearing Impaired (do you sign? Yes/No)
Other volunteer opportunities:    Administrative      Fundraising			
Other areas of expertise: _____			

**PREVIOUS EXPERIENCE:**

- **Adaptive experience or other experience with people with disabilities:**  
Where, when, how long? \_\_\_\_\_
- **Teaching or guiding experience:**  
Where, when, how long? \_\_\_\_\_
- **Professional credentials or certifications:** \_\_\_\_\_

**PLEASE NOTE YOUR DISCIPLINES and RATE YOUR SKIING ABILITY:**

<b>Disciplines</b>	<b>Beginner</b>	<b>Intermediate</b>	<b>Advanced</b>
Alpine	—	—	—
Snowboard	—	—	—
Telemark	—	—	—
Adaptive (Type: _____)	—	—	—

**PLEASE LIST 3 REFERENCES: (ONLY FOR NEW VOLUNTEERS)**

	<b>Name</b>	<b>Email</b>	<b>Phone</b>
1.			
2.			
3.			

**ACKNOWLEDGEMENT OF RESPONSIBILITIES**

Volunteers should be able to ski without poles, ski backwards, load and unload adaptive equipment on/off chair lifts, and assist, lift, or, maneuver people with disabilities as directed. Snowboarders should be able to ride both directions. TASP Volunteers may also need to lift over 50 pounds. **Please initial the following statements:**

_____	I acknowledge the physical requirements of a volunteer. I understand that if I cannot perform the required volunteer functions or if I need specific scheduling as a result of medical concerns that TASP will try to provide a reasonable accommodation upon request.
_____	I understand that being involved with TASP may involve physical assistance including lifting, loading or unloading adaptive equipment and people with disabilities.
_____	I can lift 50lbs.
_____	I have read the Volunteer Policies and Procedures, signed all paperwork, and provided a schedule for participation.
_____	I understand that TASP is mandated by law to report any suspected child abuse or neglect and any concerns will be reported to TASP Executive Director, Program Manager or Office Supervisor.
_____	I understand that Volunteers are <b>NOT</b> covered by workers compensation while participating with TASP. Any medical expenses or injuries incurred while involved in this program are my responsibility.
_____	I understand that my involvement will be terminated and pass revoked due to a violation of any Telluride Ski Area Safety policies or any TASP policies or procedures.
_____	I understand my application will be reviewed and references checked by TASP staff.

**Volunteer**

**TASP Staff**

**Name:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_