

TELLURIDE ADAPTIVE SPORTS PROGRAM

Volunteer Information Form-Winter 2011/12

I am a: **New Volunteer** **Returning Volunteer**
 (# years with TASP? ____)

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



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 lessons, etc.

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

<input type="checkbox"/> Mondays	<input type="checkbox"/> Tuesdays	<input type="checkbox"/> Wednesdays	<input type="checkbox"/> Thursdays	<input type="checkbox"/> Fridays	<input type="checkbox"/> Saturdays	<input type="checkbox"/> 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

AREAS OF INTEREST:

Are there certain disabilities, or styles of skiing, with whom you would like to volunteer this winter?
(Check 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)
 Cross Country Skiing
 Snowshoeing
 Ice Skating
 Snowbike
 Telemark
 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:

Disciplines	Beginner	Intermediate	Advanced
Alpine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snowboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telemark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptive (Type: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- **Do you have your own ski pass for this season? yes/no**
- **Please list any medical certifications you have and when they expire** (please give a copy of your current certifications to the office):
- **Do you speak a foreign language? If yes, what language(s) and at what fluency?**

PLEASE LIST 3 REFERENCES: (ONLY FOR NEW VOLUNTEERS)

	Name	Email	Phone
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:**

<input type="checkbox"/>	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.
<input type="checkbox"/>	I understand that being involved with TASP may involve physical assistance including lifting, loading or unloading adaptive equipment and people with disabilities.
<input type="checkbox"/>	I can lift 50lbs.
<input type="checkbox"/>	I will read the Volunteer Policies and Procedures, sign all paperwork, and provide a schedule for participation.
<input type="checkbox"/>	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 Director or Office Supervisor.
<input type="checkbox"/>	I understand that Volunteers are NOT covered by workers compensation while participating with TASP. Any medical expenses or injuries incurred while involved in this program are my responsibility.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I understand my application will be reviewed and references checked by TASP staff.

Volunteer:		TASP Staff	
Print Name:		Signature:	
Signature:		Title:	
Date:		Date:	