

ADAPTIVE SKI PROGRAM

505-995-9858

2009/2010 Returning Volunteer Application

Application Due on November 30, 2009

Please mail or e-mail your application to the location where you wish to volunteer.
Your application may also be submitted online at www.adaptiveski.org

Sandia Peak Coordinator

Spanda Bhavani

507 Jefferson Ave. NE -- #4

Albuquerque, NM 87108

asp_sandia@q.com

(505) 255-2506

Ski Santa Fe Coordinator

Brett Maul

P.O. Box 34081

Santa Fe, NM 87594

adaptiveskibrett@gmail.com

(505) 820-1538

Name _____ Years w/ ASP _____ Year Joined _____

Address _____ City _____ ST _____ Zip _____

Email _____ May we include your email in the ASP directory _____

Please indicate 1st & 2nd best phone #'s to reach you at _____ May we include your phone #'s in the ASP directory? _____

Phone # 1 _____ Phone # 2 _____

Emergency Contact Person _____ Emergency Phone _____

Are you receiving snail/email communications from the ASP? _____

Has any of your above contact info changed within the last 12 months? _____

Do you have an ASP instructor jacket? _____ If so, what is your jacket # (found under tag) _____

If you would like different jacket please indicate what you prefer (size, insulated/shell) _____

Please note we will make every effort to fulfill your request as soon your choice becomes available.

TEACHING DAY(S)

I would like to volunteer at: _____ Sandia Peak _____ Ski Santa Fe

I would like to teach on (please indicate first and second choices)

_____ Thursday (SF only) _____ Friday (SP only) _____ Saturday _____ Sunday _____ Any day

PRIVATE LESSONS – please check if you would like to be contacted for private lessons

_____ Private lessons Please indicated private availability _____

TEACHING METHOD – Please check all that apply

___ 4-track ___ 3-track ___ mono-ski ___ bi-ski ___ cognitive ___ hearing-impaired

___ vision-impaired ___ snowboarding ___ slider ___ ski bike

Mono Ski Instructors ___Lead Instructor ___Light lead skills ___Booter only

Bi Ski Instructors ___Lead Instructor ___Light Tethering ___Booter only

___Handheld and Fixed Outriggers ___Handheld only

Please note any limitations on your ability to teach such as student size, personal injuries, time on tether etc.

Can you lead an instructional clinic for other instructors in your discipline? _____

I would like to help with (please check all that apply)

___Snow Ball auction and Dinner ___Holiday Wreath Sales ___Beats on the Basin

___Outreach ___Training ___Equipment Maintenance ___Photography

PROFESSIONAL SKI INSTRUCTORS OF AMERICA (PSIA) - ASSOCIATION OF SNOWBOARD INSTRUCTORS (AASI)

Are you a member of PSIA/AASI? Yes No If no, would you like to become a member Yes No

Are you certified by PSIA/AASI? Yes No If yes, what discipline, level and year? _____

If you are interested in certification please indicate which discipline and level _____

Do you have a season pass? _____

(Season pass holders do not get the benefit from the incentive of vouchers so, they are allowed to store their equipment in the ASP buildings.)

Is there anything else you would like us to know for the upcoming 2009/2010 season? _____

As a trained ASP volunteer instructor, you are covered under a liability insurance policy while participating in any ASP training or teaching activity. However, ASP has no personal injury or worker's compensation for volunteers.

Volunteers are responsible for their own personal injury insurance.

When submitting this application please complete the waiver of liability by signing in both places (in blue or black ink) and returning with the application. If you do not want the ASP to use any photos, video, and or film of you please indicate "no" on the waiver – do not leave blank.

**THANK YOU
&
THINK SNOW**