



CDA New Volunteer Registration Form 17-18 Summer

Disclosure

Working as a CDA volunteer is physically and emotionally demanding.

Summer Programs - Require assisting participants utilizing specialized equipment which may involve physical exertion, heavy lifting, pulling and pushing and an abundance of patience may be necessary. Anticipating and responding to accidents and other emergencies requires an individual to maintain his or her composure and think clearly in urgent situations.

If you have questions or require further information please arrange a time to discuss your situation with Daniel Brown, CDA Program Director. Programs@cdagi.org or call (970) 257-1222 - cell (970) 778-5766

Are you willing and able to satisfy all of these requirements?

Yes ___ No ___

Background Check

All volunteers must complete a background check every two years.

(Please contact Michele@cdagi.org to check your expiration)

___ I have completed a current Background check for CDA.

___ I have not completed a CDA background check in the last two years.

Tell us About yourself...

Thank you for Supporting CDA! Please fill out this information completely. We use this information for CDA purposes such as safety, tracking and grants. We do not share your information with outside agencies.

___ Snow Sports - December to April at Powderhorn Mountain Resort (All Ages)

___ Team Powderhorn - December to March at Powderhorn Special Olympics Ski Team

___ Cycling (All Ages) -

___ Day Camp - May to August (Youth ages 8 to 21)

___ Camp Freedom - June - 3 Day 2 Night - (Youth ages 6 to 12)

___ River - Town Float (All Ages)

___ River - Overnight

___ Disabled Veteran's Programs - Cycling, Skiing, River

___ I am interested in the New CDA Building maintenance -

___ Other

Welcome Volunteers!

Date _____

Name _____ Gender _____

Address _____

City _____ State _____ Zip _____

Phone (_____) _____

Ok to Text? _____ Yes _____ No E-mail _____

Sixteen (16) is the minimum age requirement for a volunteer supporting the adaptive sport and/or recreation activities.

Age _____ Date of Birth _____

Are you interested in driving a CDA Vehicle? _____ Yes _____ No

If yes, please provide a copy of your driver's license with this application.

My superpower would be _____

In Case of Emergency, please contact:

Name: _____

Relationship _____ Spouse _____ Parent _____ Child _____ Friend _____ Other _____ *

Phone # _____

Are you Currently employed? _____ Yes _____ No _____ Retired ___ Student

Current Employer _____

Does your employer have a matching program? _____ Yes _____ No

I am Retired _____ Yes _____ No

Are you a Veteran? _____ Yes _____ No _____ Pre 2001 _____ Post 2001

How many days a week are you available to volunteer? _____

What days are you most likely to volunteer?

<input type="checkbox"/>	Monday	<input type="checkbox"/>	Tuesday	<input type="checkbox"/>	Wednesday	<input type="checkbox"/>	Thursday	<input type="checkbox"/>	Friday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>	Sunday
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Please list specific dates or blocks of time you will NOT be available or any other notes about scheduling preferences:

What programs are you interested being a volunteer instructor for?

	Day Camps		River		Cycling		VA Program
	Camp Freedom		Day Trip		Individual Ride		Cycling
	Shuttle Driver		Overnight Trip		Group Ride		River

Please check weight levels you are comfortable providing support for: (Weight in lbs.) - **Rafting**

- 125 or less
- 125 to 149
- 150 to 199
- 200 +
- Other _____

Are you a certified *Colorado River Captain? Yes No *Utah Captain Yes No

Do you have current CPR? _____

**Please provide copies of certifications with this application.*

How did you hear about CDA? _____

Have you volunteered for CDA in the past? Yes No what year? _____

Previous Experience

Please describe any previous volunteer experience:

Please describe any experience working with people with disabilities or teaching experience:

Is there anything else that you would like us to know?

Tell us why you want to volunteer with CDA?

Thank you for continuing to give your time and passion to our program!

Volunteer Signature _____ Date _____

Master _____ Database _____

**Please include a signed Waiver with this application.* 180419VII

Please keep this page.

Check out our new website:

www.cdagj.org

Here is some information for you:

If you would like to complete this application please mail it to:

CDA

OR

Email to: office@cdagj.org

601 Struthers Ave.
Grand Junction, CO 81501
(970) 257-1222

Background Check Information

COLORADO DISCOVER ABILITY DBA COLORADO DISCOVER ABILITY INTEGRATED OUTDOOR SPORTS welcomes you to background screening with National Center for Safety Initiatives (NCSI). Please follow the directions below to start the online registration process.

Go to www.ncsisafe.com, click on "START YOUR BACKGROUND SCREENING NOW".

STEP 1: Enter Self-Registration Number: 32566983

STEP 2: Enter your information as requested

STEP 3: Provide Legal Authorization and Certification

It is important when entering your name, that you use your full legal name as written on your current ID (state driver's license, passport or state ID with name and DOB). Please also verify that your social security number was typed correctly. Using nicknames or failing to type a correct social security number may delay or invalidate your background check. Once you have submitted your information you will receive a confirmation page with a 16-digit Applicant ID Number. The background check generally takes 10 business days to complete and you may check your status on our website under the "CHECK YOUR BACKGROUND SCREENING STATUS" link at www.ncsisafe.com. NCSI will contact you directly if there are any questions, problems or issues related to your specific information.

An email address is required when completing the background check as our contact with you will largely be electronic. Please be sure to add ncsisafe.com to your list of acceptable domains in your email program to receive notifications from us. If you have any questions or need further assistance, please contact NCSI via: Email: applicantsservices@ncsisafe.com, or compliance@ncsisafe.com Phone: (440) 542-9690 or toll free (866) 833-7100 Thank you for your cooperation in this important process.