



**National Ability Center**  
Volunteer Application



The **National Ability Center** needs your help! As a non-profit organization dedicated to providing sports and recreational activities to individuals with disabilities, we depend on you to make our programs successful. We appreciate you taking the time to update your information each year so we have accurate contact information. Thank you in advance for all your help making our programs the best they can be.

**Please print or write very clearly and return to: National Ability Center**  
**Attn: Jenn Carpenter, P.O. Box 682799, Park City, UT 84068**  
**Phone: 435. 649.3991 Fax: 435. 658.3992**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Preferred form of contact:** Email Phone

**Address (with State and Zip Code):** \_\_\_\_\_

**Phone (H):**( ) \_\_\_\_\_ **Phone (W):**( ) \_\_\_\_\_ **Other:**( ) \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:**( ) \_\_\_\_\_

**How did you hear about the National Ability Center?** \_\_\_\_\_

\_\_\_\_\_

**What talents and skills do you have that might be useful to our organization?:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate what your top three choices are by season or all together. You will be contacted by the Program Manager for each area of interest you indicate.**

**Year Round Programs**

- Horseback Riding
  
- Climbing Wall
  
- Office Work
  
- Aquatics

**Fall Programs**

- Cycling

**Winter Programs**

- Alpine Skiing
  
- Snowboarding

**Special Events**

- Red, White & Snow  
(March 11-13 2010)
  
- Ability Ski Challenge  
(March 13, 2010)

**What days and times are you available? (please circle)**

<b>MON</b>	<b>TUE</b>	<b>WED</b>	<b>THU</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>	<b>AM</b>
<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>	<b>PM</b>

**Specific Day Only** \_\_\_\_\_ **Other** \_\_\_\_\_

## Background Check Waiver

By signing this form, I authorize the Utah Bureau of Criminal Identification (BCI) to access and review state and federal criminal history records and make reasonable efforts to determine whether \* have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. Utah BCI shall make reasonable efforts to respond to the inquiry within 15 business days.

I hereby do release Utah BCI, all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

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*Prospective Volunteer Signature*

*Date*

DOB \_\_\_\_\_ SSN: \_\_\_\_\_  
DL# \_\_\_\_\_

Formerly used last name:

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