



2017 WATER SKIING UNLIMITED VOLUNTEER PACKET

2017 Water Ski Dates

June 3 & 24 July 15 & 29 August 5 & 12 September 2

Water Skiing Unlimited is a water ski program for children and adults with disabilities. This program provides access to the sport of water skiing for many blind, deaf, paraplegic, quadriplegic and developmentally disabled individuals who would otherwise be denied the opportunity to share in this exhilarating activity. With the help of the trained volunteers and adaptive equipment, there are very few disabilities that would prevent participation in the sport of water skiing. The minimum age to participate is 7 years old.

Volunteer Opportunities We need strong swimmers in all levels of ski ability to help children and adults with disabilities enjoy the sport of water skiing. Minimum age to volunteer is 14 years old. We ask that every Skiing Unlimited volunteer give at least one Saturday in the water ski season to help with the program. The day begins at 8:30am and ends about 3:00 pm

Program Location All ski trips are held at Modesto Reservoir, 18143 Reservoir Rd, Waterford, 95386. Take a left after the entrance gate and go as far as possible to the back (paved road turns into gravel). Allow at least 15 minutes to get to this location. You will see our group there, ready to ski. Everyone meets on the Saturday morning of the trip at 9:30 am for the morning session and 12:30 pm for the afternoon session, to coordinate volunteers with participants and organize the session. The Society for Disabilities does not provide transportation for this program. A parent, guardian or attendant must bring the participant to Modesto Reservoir.

Stanislaus County Parks & Rec. charges an entrance fee (**\$10.00**) per vehicle to Modesto Reservoir. This fee is the responsibility of the Volunteer.

How do I learn what to do? All training is done at Modesto Reservoir on the day you volunteer, there will be experienced and trained volunteers to assist you. It's fun! We appreciate your willingness to give your valuable time and talent for this program.

What do I bring? We do recommend you bring sunscreen, water shoes, a Shorty wetsuit if you have one and a chair or blanket for the beach. Prepare for a day at the beach. Please bring a healthy snack or dish to share at lunch. Alcohol is **NOT PERMITTED** during this event.

What should I leave at home? Please do not bring Jet Ski's or boats without prior approval or only if requested to do so by the Society office. To insure absolute safety, unauthorized personal Ski boats and Jet Ski's are only allowed in the water for the adapted ski clients. These are not family ski days. Leave the alcohol at home as well; no drinking of alcohol is allowed when we are skiing with our participants.

What happens next? You will get an email or a call (if no email is available) the Friday of the week before your scheduled ski date to remind you that you are committed to volunteer the following Saturday. Please reply via email or call to confirm you are coming. All cancellations need to be made by the Monday of the week of the trip. Always remember the clients count on you, they are very excited to go skiing, and we need you to honor your commitment. Volunteers need to be at the ski site by 8:30 am.

What if a trip is cancelled? The office will make every effort to contact you if it is not reasonable to go forward with the trip because of weather issues or an inadequate volunteer base. Sometimes this decision is not made until the Friday before the trip. If you are unsure, please call the office, there will be a recording on our voice mail after hours if the trip has been cancelled. Emails will also be sent to all participating volunteers.

Keep this page for your information

Contact Information Please mail completed forms to Society for disABILITIES, 1129 8th Street, Ste 101, Modesto CA 95354. If you have any questions regarding the Water Skiing Unlimited Program, please contact Anthony @ 209-524-3536 or by email at Anthony@societyfordisabilities.org.



2017 WATER SKIING UNLIMITED VOLUNTEER PACKET

Applicant's Name: _____ Date of Birth: _____ *Age: _____ Gender M/F

*Please note-if you are 18 or over you must complete a background check authorization-no exceptions

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Required- Most communication will be done through email

Phone Home: _____ Work: _____ Cell: _____

Parent or Guardian/Emergency Contact Name(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: (H) _____ (W) _____ Cell _____

Level of Water Ski Experience: Beginner [] Intermediate [] Advanced []

June 3 & 24 July 15 & 29 August 5 & 12 September 2

Please circle which date best fits your schedule

CPR Training (optional) Yes [] No [] Lifeguard training Yes [] No []

Do you own a jet ski? Yes [] No []

Strong Swimmer (required if in water with participants) yes [] no []

If needed, are you willing to be assist in Base Camp (no swimming necessary) yes [] no []



Nondiscrimination Policy

Society for Disabilities (the Society) is a 501(c) (3) nonprofit organization. The Society is committed to providing an environment and programs that are free from discrimination because of race, color, religion, creed, national origin, ancestry, disability, gender, sexual orientation, or age. The Executive Director has issued the following policy stating the Society's views in this matter:

- We will strictly follow program procedures that will ensure equal opportunity for all people without regard to race, color, religion, creed, national origin, gender, sexual orientation, age, ancestry, marital status, disability, veteran or draft status.
- Thoroughly investigate instances of alleged discrimination and take corrective action if warranted.
- Be continually alert to identify and correct any practices by individuals that are at variance with the intent of the Nondiscrimination Policy.
- Make reasonable accommodations wherever necessary for all employees or applicants with disabilities, provided the individual is otherwise qualified to safely perform the duties & assignments connected with the job & provided any accommodations made do not require significant difficulty or expense.
- Achieve understanding & acceptance of the Society's policy on Equal Employment Opportunity by all staff & volunteers and by the communities in which the organization operates.

Zero Tolerance to Sexual Harassment in the Workplace

- Unwanted jokes, gestures, offensive words on clothing, and unwelcome comments and repartee.
- Touching and any other bodily contact such as scratching or patting a coworker's back, grabbing an employee around the waist, or interfering with an employee's ability to move.
- Repeated requests for dates that are turned down or unwanted flirting.
- Transmitting or posting emails, texts, or pictures of a sexual or other harassment-related nature.
- Displaying sexually suggestive objects, pictures, or posters.
- Playing sexually suggestive music.
- Quid pro quo...anything of sexual nature suggested in exchange of "You do something for me and I'll do something for you".
 - "I'll get you fired if you don't have sex with me, or go on a date with me, or touch me, etc."
 - A job benefit of any kind that is linked to unwelcome sexual advances.
- Treating one sex differently than the other.
- Any sexual advance or sexually derogatory comments making an employee uncomfortable.
- There shall be no retaliation against any employee reporting a case of Sexual Harassment.

I have read and received a copy of this document.

Print Name _____ Date _____

Signature _____



Volunteer Waiver and Release of Liability

I request to be allowed to volunteer in the ***Water Skiing Unlimited program***, and agree to the following:

1. I acknowledge and fully understand that as a volunteer, I will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the ***Water Skiing Unlimited program*** including without limitation: risks of collision with objects. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for Disabilities, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of the ***Water Skiing Unlimited program*** for any personal injury, property damage, or other damages that may arise from my participation in the ***Water Skiing Unlimited program***, regardless of whether such injury or damage is caused by negligence or carelessness of the ***Water Skiing Unlimited program***.
4. I agree that photographs and/or my name, may be published in, or used by Society for Disabilities and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, etc.) without any liability on the part of Society for Disabilities.
5. I agree that the staff and volunteers of the ***Water Skiing Unlimited program*** and Society for Disabilities may authorize emergency medical treatment for myself, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Volunteer Name (Print)

Volunteer Signature

Date

Parent or Guardian Name (Print)

Parent or Guardian Signature

Date

***PARENT SIGNATURE IS REQUIRED IF VOLUNTEER IS UNDER THE AGE OF 18**

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Water Skiing Unlimited
June – August 2016



PARKS & RECREATION DEPARTMENT

3800 CORNUCOPIA WAY, SUITE C, MODESTO, CALIFORNIA 95358 (209) 525-6750 FAX (209) 525-6774

HOLD HARMLESS AGREEMENT

In consideration of the granting of permission by the County of Stanislaus to use the County facilities and to participate in the activities, I hereby assume all risk of personal injury to person or property received by me or arising out of the use of the County facilities and adjacent area.

Dated: _____

Signature: _____

Address: _____

Original - County Copy
Copy - Participant Copy

Individual
7010-47



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Volunteer Background Check Authorization Form

I, _____ (applicant name) hereby authorize Society for Disabilities Children & Adults of Stanislaus County to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy or any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the Society for Disabilities receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

(Signature of Applicant)

(Date)

Date of Last Background Check: _____ First Time Applying Yes No

Full Name of the Applicant _____
(Please print carefully, including *middle* name)

DOB _____ Gender: M F Race _____

Email _____ Please PRINT clearly

Address _____

City _____ Zip _____

Soc. Sec. # _____ - _____ - _____

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