



## 2018 Bike Camp Volunteer Application

Applicant Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ (C): \_\_\_\_\_

Email **(REQUIRED)**: \_\_\_\_\_

Adapted Bike Camp is held Monday July 9th through Friday July 13 and the location is TBD

**Volunteers need to be at the camp on Monday through Friday and there is a mandatory meeting/training on July 9<sup>th</sup> from 7:00-8:00AM. Bike Camp is from 8:00-11:45AM.**

What school/organization are you with? \_\_\_\_\_

How did you hear about Bike Camp? \_\_\_\_\_

Have you ever volunteered for bike camp? Yes  No

Have you volunteered with other programs the Society offers? Yes  No

If yes, which programs? \_\_\_\_\_

Are you able to slow jog/fast walk for 20 minutes without stopping? Yes  No

Describe your previous experiences (family, work, volunteer) with children or adults with disabilities.

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

Describe your experiences working with or helping children in sports, dance or other recreational activities.

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

*Please note: If you are under the age of 18 years old you cannot consent to a background check and must have a parent or guardian give consent for you to participate as a volunteer in the Bike Camp. If you are under 18 please give us two adult references we may contact*

1. \_\_\_\_\_

Reference Name

Phone

Relationship

2. \_\_\_\_\_

Reference Name

Phone

Relationship

If you have questions please contact Channa at (209) 524-3536 or email [channa@societyfordisabilities.org](mailto:channa@societyfordisabilities.org)

Send completed forms to: Society for disABILITIES, ATTN Channa, 1129 8<sup>th</sup> Street Modesto, CA 95354

Remember, your consistent participation is important to insure continuity for the children and fun for you too!



## Adapted Bicycle Camp Waiver and Release of Liability

I request to be allowed to volunteer in the Adapted Bicycle Camp, 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 sport of bicycling including without limitation: risks of collision with objects and or, falling from the bicycle. 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 Adapted Bicycle Camp for any personal injury, property damage, or other damages that may arise from my participation in the Adapted Bicycle Camp program, regardless of whether such injury or damage is caused by negligence or carelessness of the Adapted Bicycle Camp program.

4. I agree that photographs/videos 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 adapted bicycle 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: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PARENT/GUARDIAN MUST SIGN IF VOLUNTEER IS UNDER THE AGE OF 18**

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## **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.**

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Adapted Bicycle Camp

### Volunteer Emergency Contact Information

Volunteer Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parental contact information is needed if volunteer is under 18 years of age

Parent(s) Name(s): \_\_\_\_\_

How can you be contacted during camp hours? \_\_\_\_\_

*In case of emergency, whom should we notify if parent cannot be reached?*

#### ***ALL VOLUNTEERS PLEASE COMPLETE BELOW:***

Emergency Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list medications, health cautions, allergies, dietary restrictions and any special instructions:

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

Any other instructions or information you think we should be aware of?

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PARENT/GUARDIAN MUST SIGN IF VOLUNTEER IS UNDER 18 YEARS OF AGE**

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**VOLUNTEER BACKGROUND CHECK CONSENT**  
**\*ONLY TO BE COMPLETED BY VOLUNTEER UNDER 18 YEARS OLD**

I, \_\_\_\_\_ (applicant name) hereby authorize Society for disABILITIES 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.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_  
*(PLEASE PRINT CLEARLY, INCLUDING MIDDLE NAME)*

Date of Last Background Check: \_\_\_\_\_ First Time Applying: Yes  No

DOB: \_\_\_\_\_ Gender: M  F  Race: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number **(REQUIRED)**: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

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