



Water Skiing Unlimited Volunteer

Water Skiing Unlimited is a water ski program for individuals with diverse abilities. This program provides access to the sport of water skiing for many disabled individuals who would otherwise be denied the opportunity to share in this exhilarating activity. With the help of trained volunteers and adaptive equipment, there are very few disabilities that would prevent participation in the sport of water skiing.

Volunteer Opportunities:

We need strong swimmers in all levels of water ski ability to help individuals 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 at about 3:00PM**.

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 session at 9:30AM for the morning session and 12:30PM for the afternoon session, to coordinate volunteers with participants and organize the session. The Society for disABILITIES does not provide transportation for this program.

Cost:

For entrance into a Stanislaus County Park, there may be a **\$15 entrance fee** per vehicle.

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. All participants and volunteers are required to adhere to all **current** county guidelines in regard to COVID-19 compliance.

What do I bring?

We do recommend you bring sunscreen, water shoes, swimming clothes, and a chair. Prepare for a day at the reservoir. Please bring your own snacks and beverages; Society will not provide food. Alcohol is **NOT** permitted under any circumstances.

What should I leave at home?

Please do not bring jet skis 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 skis are not allowed in the water for the adapted ski clients. These are **NOT** family ski days. Leave the alcohol at home as well; alcohol is **NOT** permitted under any circumstances.

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. Please reply via email or call to confirm you are coming. Always remember the clients count on you, and we need you to honor your commitment. **Volunteers need to be at the ski site by 9:00AM.**

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. Emails will also be sent to all participating volunteers.

Keep this page for your reference

Please return this completed and signed form to Society for disABILITIES, 1129 8th Street, Ste 101, Modesto, CA 95354
For more information or questions, please contact Channa
Phone: (209) 524-3536 | Fax: (209) 524-1205 | channa@societyfordisabilities.org



Water Ski Unlimited Volunteer

Volunteer Name: _____

*Age: _____ DOB: _____ Gender: M F

** If you are 18 years or older you must complete a background check authorization-**NO EXCEPTIONS***

Address: _____ City: _____ Zip: _____

Email **(REQUIRED)**: _____

Phone: (H): _____ (W): _____ (C): _____

Have you volunteered for Society before? If yes, for what programs/events?

What school/organization are you with? _____

Level of water ski experience: Beginner Intermediate Advanced

Level of swimming experience: Beginner Intermediate Advanced

CPR Training? Yes No

Lifeguard Training? Yes No

Own a jet ski? Yes No

Willing to assist at Base Camp (no swimming necessary)? Yes No

Emergency Contact Information

Parent/Guardian/**Emergency Contact Name**: _____

Phone: _____ Relationship: _____

Water Ski Dates

June 12 June 26 July 10 July 24 August 7 August 21

Please choose which date(s) best fits your schedule

Many factors go into the selection of the dates, including but not limited to, availability of skilled volunteers, weather, needs of the participant regarding equipment and volunteer assistance and demand for certain ski dates. Flexibility is appreciated.



Image Release and Liability Waiver

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate on behalf of Society for disABILITIES' programs and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the program; and,
2. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce the risk, the risk of serious illness and death does exist; and,
3. I knowingly and freely assume all such risks, both known and unknown to me or are not foreseeable at this time, even if arising from the negligence or fault of the Released Parties, and assume full responsibility for my participation; and,
4. I hereby knowingly assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Society for disABILITIES their directors, officers, employees, volunteers, agents, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, the owners and lessors of premises used to conduct the event ("Released Parties"), with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence or fault or conduct of any kind on the part of the Released Parties, to the fullest extent permissible under applicable law; and,
6. I agree that the staff and volunteers of Society for disABILITIES may authorize emergency medical treatment for me, or for my child(ren), 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 a parent or caregiver. I agree to be personally responsible for any related medical expenses.

I HAVE CAREFULLY READ ALL PROVISIONS OF THIS RELEASE, WAIVER, AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT FREELY AND VOLUNTARILY.

Participant Name: _____
(PLEASE PRINT CLEARLY)

Participant Signature: _____ Date: _____

Parent/Guardian Name*: _____
(PLEASE PRINT CLEARLY)

Parent Signature*: _____ Date: _____

***PARENT SIGNATURE REQUIRED IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT.**



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 agree to the above document.

Print Name: _____

Signature: _____ Date: _____



Volunteer Background Check Authorization Form
Required for all Volunteers, ages 18 and over ONLY

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 any 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.

Full Name of Applicant: _____

***Please include Middle Name**

Applicant Signature: _____ Date: _____

(Must be over 18 years old to submit to a background check)

DOB: _____ Gender: M F Race: _____

Social Security Number: _____ - _____ - _____

Address: _____ City: _____ ZIP: _____

Email: _____



PARKS & RECREATION DEPARTMENT

3800 CORNUCOPIA WAY, SUITE C, MODESTO, CA 95358 P: (209) 525-6750 F: (209) 525-6773

INDIVIDUAL 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.

Event Name: Adapted Water Ski

Event Site: Modesto Reservoir-Ski Course (Back Dam Area)

Print Name: _____

Address: _____

City/State/Zip: _____

Contact Phone: _____

Signature: _____

Date: _____