



# ORCA Volunteer Application

Program(s) Interested In:    Ski School                      Outdoor Recreation                      Special Events

Name: _____		Date: _____	
Address: _____			
Home Phone: _____		Work: _____	
		Cell: _____	
Email: _____		Date of Birth: _____	
		Gender: _____	
Driver's License Number: _____		State: _____	
		SSN: _____	
Occupation: _____			
Employer: _____			
Address: _____			

Do you have any therapeutic or adaptive recreation/skiing experience? If yes, please explain:

\_\_\_\_\_

Do you have any special professional training, certifications (i.e. CPR, First Aid, PSIA, etc), skills or hobbies that ORCA consumers could benefit from? \_\_\_\_\_

\_\_\_\_\_

Do you have experience working with people with disabilities? If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

### SKIING ONLY

**Please circle any of the following that you have experience with:**

3 Track    4 Track    Developmentally Disabilities    Visually Impaired    Mono Ski    Bi Ski    Tethering

**Please circle your ability level in all that apply:**

Alpine or Tele-Skiing:	Level I (beginner)	Level II (intermediate)	Level III (advanced)
Snowboarding:	Level I (beginner)	Level II (intermediate)	Level III (advanced)
Nordic Skiing:	Level I (beginner)	Level II (intermediate)	Level III (advanced)

Do you have any additional recreational experience (climbing, kayaking, etc)? Please list how much experience and/or to what skill level: \_\_\_\_\_

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

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Please list your time availability and preference for activities you would be willing to help with:

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

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Have you ever been charged with neglect, abuse or assault? If yes, please describe in full: \_\_\_\_\_

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

Have you ever been convicted of a criminal offense? If yes, please describe in full: \_\_\_\_\_

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

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As a condition of volunteering, I give permission for SAIL, Inc. to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon SAIL, Inc. receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability SAIL, Inc., the officers, employees and volunteers thereof, or any persons of the organization that may provide such information. I also understand that SAIL, Inc. is not obligated to appoint me to a volunteer position. The relationship between SAIL, Inc. and volunteers is "At Will" and may be terminated at any time by the volunteer or SAIL, Inc. All information provided to SAIL, Inc. is confidential. SAIL, Inc. will not discriminate against any person on the basis of race, national origin, marital status, gender, sexual orientation or disability.

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

Applicant Name (Printed): \_\_\_\_\_

Guardian Signature (if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Name (Printed): \_\_\_\_\_

# ORCA Volunteer Trip/Medical Form

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Date of Application: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have any physical or medical conditions that you would like us to be aware of? If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Are there any medications that you would like us to be aware of? If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

Are there any allergies we should be aware of? \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

\*All information is kept confidential.

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## CONFIDENTIALITY AGREEMENT

Consumer Files: All consumer files are kept in a locking file cabinet in the office. These files are to be kept locked except during office hours. The information kept in these files is not to be given to anyone without the authorization of the Executive Director and a release of information form signed by the consumer.

The files are kept for five years after a consumer leaves the facility and then may be disposed of by fire under the Executive Director's personal supervision. Any document, tape, film or videotape relating to a consumer's treatment, past history, current behavior, or family history is regarded as confidential. All assessment material, psychological testing material, clinical notes or reports, or other written reports concerning the consumer or family are regarded as confidential. These documents, and the information contained in them, may not be disclosed except as specifically authorized by SAIL policy or SAIL's Executive Director.

Employee Personnel Files: Personnel files are maintained in a separate locking file in the Executive Director's office. These files are available only to the employee concerned and other authorized staff in performance of mandated duties. Other Confidential Information: All information regarding consumers of a sensitive personal nature including, but not limited to, information regarding a consumer's treatment, personal and family history, current behavior and finances is regarded as confidential, whether or not the information is documented in an agency record and regardless of how an employee, volunteer or contractor received the information.

At no time during or after association as a SAIL employee, volunteer or contractor may the individual disclose the aforementioned information.

Disclosure of confidential information while employed, volunteering or contracting for SAIL may be grounds for immediate termination. Individuals who disclose confidential information following employment at SAIL may be subject to prosecution to the full extent of the law.

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After reading and understanding the above information, please sign the agreement below.

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"I realize that in signing this document I am agreeing to act in accordance with facility policies on confidentiality at all times. I will not disclose confidential information on any consumer in the care of SAIL, Inc., to any person who is not either a staff member of SAIL, inc., or a person specifically approved by the Executive Director. I will not discuss confidential information concerning consumers or their families in circumstances where an unauthorized person might hear. I realize that information regarding a consumer's treatment, past history, current behavior, family history and similar sensitive personal information must be regarded as confidential during and after employment at SAIL. I realize that all documents relating to the consumer must be carefully safeguarded and released only to authorized persons. Employees: In addition, I realize that the only personnel files to which I have authorized access are my own."

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Employee, Volunteer or Contractor Signature

Updated 7/12

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Date

# Volunteer Background Information Form

SAIL will be using the following information to perform a background check on all volunteers. All information provided to SAIL and results of the background check will be kept confidential. Thank you for volunteering with SAIL and helping keep our participants safe.

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

Birthdate: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

Please list all addresses (city and state) where you have resided in the past five years.

- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

By signing below, you are giving permission to SAIL to perform a background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY  
and MEDIA RELEASE FORM**



**DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

In consideration of being allowed to participate in any way in Disabled Sports USA and Southeast Alaska Independent Living related events and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise Disabled Sports USA and Southeast Alaska Independent Living of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Disabled Sports USA and Southeast Alaska Independent Living, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**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.**

**X** \_\_\_\_\_  
Participant's Signature                      Participant's Name (PLEASE PRINT CLEARLY)                      Date

**Date of Birth                      FOR PARTICIPANTS UNDER THE AGE OF 18**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

**X** \_\_\_\_\_  
Parent/Legal Guardian Signature      Parent/Legal Guardian Name      Relationship      Emergency Phone      Date

**MEDIA RELEASE FORM**

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to Disabled Sports USA and Southeast Alaska Independent Living to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that Disabled Sports USA and Southeast Alaska Independent Living may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

**X** \_\_\_\_\_  
Participant's Signature                      Participant's Name (PLEASE PRINT CLEARLY)                      Date

**FOR PARTICIPANTS UNDER THE AGE OF 18**

**X** \_\_\_\_\_  
Parent/Legal Guardian Signature      Parent/Legal Guardian Name      Relationship      Emergency Phone      Date