



ORCA Volunteer Application

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

Name: _____ Date: _____
 Address: _____
 Date of Birth: _____ Gender: _____ Email: _____
 Home: _____ Cell: _____ Work: _____
 Occupation/Employer: _____

Do you have experience working with people experiencing disabilities? 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? _____

ADAPTIVE SKI & SNOWBOARD PROGRAM - 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 to what skill level: _____

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



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.

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

“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.”

Employee, Volunteer or Contractor Signature

Date

Parent, Guardian (if under 18)
Updated 7/12

Date



ORCA Volunteer Trip/Medical Form

Today's Date: _____

Volunteer Name: _____ Date of Birth: _____

Do you have any 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? If yes, please list:

Emergency Contact Name/Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact Name/Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

**All information is kept confidential.*



SOUTHEAST ALASKA INDEPENDENT LIVING

Disabled Sports USA Waiver & Release of Liability, and Media Release Agreement

Disabled Sports USA, and its affiliated Chapters (“Released Parties”) are non-commercial, not for profit activity providers. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. “Released Parties” include Disabled Sports USA, Southeast Alaska Independent Living (ORCA Program) and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Disabled Sports USA and/or Southeast Alaska Independent Living (ORCA Program) related events and activities, the Undersigned (“Undersigned” means the Participant or the Participant’s parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

1. Risks of Activity. Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.

2. Release and Indemnification. Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant’s participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees

and expenses whether or not in litigation, arising out of, or related to, Participant’s participation in the activities.

3. Helmet Use. Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, cycling, equestrian, ice hockey, outdoor rock climbing, snowboarding, white water kayaking, white water river rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant’s failure to use a helmet.

4. Miscellaneous. Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of AK and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Borough of Juneau County, AK; and (c) this agreement shall be binding upon the subrogors, distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

| | | |
|-------------------------|---|------|
| | | |
| Participant’s Signature | Participant’s Name (please print clearly) | Date |

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

| | | | | |
|-------------|---|--|--------------|------|
| | | | | |
| Minor’s DOB | Parent/Legal Guardian or Representative Signature | Parent/Legal Guardian or Representative Name | Relationship | Date |

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties 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.

| | | |
|-------------------------|---|------|
| | | |
| Participant’s Signature | Participant’s Name (please print clearly) | Date |

| | | |
|---|--|------|
| | | |
| Parent/Legal Guardian or Representative Signature | Parent/Legal Guardian or Representative Name | Date |



SOUTHEAST ALASKA INDEPENDENT LIVING

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!

Date of Application: _____

Last Name First Name Middle Name Date of Birth

Alternative Names (aliases, maiden, etc.) Social Security #

Current Physical Address Driver License (# and state of issue)

Have you ever been convicted of neglect, abuse or assault? ___ Yes ___ No

If Yes: Date City State Offense/Explanation (use additional paper if necessary)

Have you ever been convicted of any criminal offense? ___ Yes ___ No

If Yes: Date City State Offense/Explanation (use additional paper if necessary)

Please list all physical addresses (including city, state and zip code) where you have resided in the past five years, beginning with most recent.

- 1.
2.
3.
4.
5.
6.

By signing below, you are giving permission to SAIL to perform a background check. 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 Printed Name Date Signed

Guardian Signature (if under 18) Guardian Name Date Signed

Office Use Only Date Received: Background Check: (attach documentation of records if necessary)