



KIDS IN DISABILITY SPORTS, INC.
P.O. Box 1397
Lowell, MA 01853
1-866-712-7799 ~ www.kidsinc.us
Email: info@kidsinc.us

Volunteer Application

Thank you for your interest in becoming a volunteer at Kids In Disability Sports (K.I.D.S.). Because K.I.D.S. is managed and staffed entirely by volunteers, you are extremely important to this organization and our ability to run programs and events. Parents, family, friends and community members come together to coach, organize and support all of the K.I.D.S. programs, events and activities. **Without you, we cannot run programs and events.**

K.I.D.S. is a private, nonprofit organization, whose mission is to improve the quality of life for individuals with disabilities through sports and social/recreational programs. K.I.D.S. programs, events and activities provide people with disabilities many opportunities to get involved, learn new skills, develop long-term, meaningful friendships and give back to the community. These programs

- promote healthier lifestyles and encourage people to exercise to the best of their abilities;
- teach the value of teamwork and cooperation while providing the chance to develop meaningful, long lasting relationships;
- build confidence, character and self-esteem; and
- provide involvement in new experiences and teach life skills.

Background Checks:

K.I.D.S. honors The Volunteers for Children Act, which was signed by President Clinton on October 26, 1998. This act allows any organization and business providing services to young, elderly, or disabled individuals to conduct criminal history checks to screen volunteers and employees against relevant criminal records. Such background checks are governed by the Criminal Offender Record Information Act (CORI), Chapter 385 of the Acts of 2002, which mandates that volunteer organizations providing activities or programs to children 18 years of age or less obtain a CORI on its volunteers prior to accepting any person as a volunteer. K.I.D.S. requires that a CORI be completed for all volunteer applicants over the age of 18, which can take up to three weeks. **The last 6 digits of your social security number are needed to conduct the CORI. Please be sure to include such information.** Volunteers cannot begin their duties until they receive acknowledgment from K.I.D.S. indicating they are cleared to begin. All information is confidential.

Thank you for supporting K.I.D.S. We hope you find this experience rewarding.

Special Programs for Special Kids

KIDS IN DISABILITY SPORTS ("K.I.D.S.") VOLUNTEER APPLICATION
(You must be at least 13 years old to volunteer. Please print clearly.)

SECTION 1: PERSONAL INFORMATION (Application cannot be processed without Full Name, Current Address, Maiden Name/Alias (if applicable), Date of Birth, Partial Social Security No. & Parent Information)			
Name:	Phone 1:		
Street:	Phone 2:		
City:	Email Address:		
State & Zip Code:	Last 6 digits of social security no.:		
Maiden Name or Alias:	Date of Birth:		
Father's Name:	Mother's Name:		
Shirt Size (circle only one) : Youth: L (14-16) XL (18-20) Adult: S M L XL 2XL 3XL 4XL	Best way to contact me: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
SECTION 2: EMERGENCY CONTACT			
Name:	Phone 1:		
Street:	Phone 2:		
City:	Email Address 1:		
State & Zip Code:	Email Address 2:		
SECTION 3: PLEASE TELL US ABOUT YOURSELF			
Do you know someone enrolled in our program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Participant Name(s):			
Do you know someone affiliated with our program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Affiliate Name(s):			
Relationship: <input type="checkbox"/> Friend <input type="checkbox"/> Relative If relative, how are you related:			
SECTION 4: INTERESTS AND AVAILABILITY			
<input type="checkbox"/> Coaching <input type="checkbox"/> Assistant Coaching <input type="checkbox"/> Fundraising <input type="checkbox"/> Social Events			
<input type="checkbox"/> Soccer ¹ <input type="checkbox"/> Bowling ² <input type="checkbox"/> Swimming ⁵ <input type="checkbox"/> Floor Hockey ³ <input type="checkbox"/> Basketball ⁴	<input type="checkbox"/> Karate ⁶ <input type="checkbox"/> Yoga ¹⁰ <input type="checkbox"/> Gymnastics ⁷ <input type="checkbox"/> Track/Field ⁷ <input type="checkbox"/> Baseball ⁸	<input type="checkbox"/> Golf ⁹ <input type="checkbox"/> Flag Football ⁷ <input type="checkbox"/> Horseback Riding <input type="checkbox"/> Skiing	¹ Sept-Oct ² Sept-Mar ³ Sept-Nov ⁴ Nov-Feb ⁵ Jan-Feb ⁶ Mar-Apr ⁷ Apr-May ⁸ May-Jun ⁹ Jun-Aug ¹⁰ Oct-Nov <i>Dates are approximate & subject to change; programs/events may be postponed or cancelled at the discretion of K.I.D.S. at any time for any reason.</i>

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Factors that motivate me in a volunteer role are (check all that apply):

- Personal satisfaction Recognition by youths Preparing youth for future Resume/skill building
 Professional development Community involvement Public recognition (news article, etc.)
 Organizational recognition (pins, banquet, etc.) Other (Specify):

SECTION 5: EXPERIENCE

My volunteer experience includes:

Brief description of current work experience:

SECTION 6: HEALTH INFORMATION

Is there any health reason that might limit your ability to volunteer or that we should know about?

SECTION 7: PERMISSIONS AND WAIVERS

By signing below, I affirm that I have not at any time been convicted of, pleaded guilty to, pleaded no contest to, or admitted to any felony, any offense involving a minor, or driving while intoxicated. Additionally, I give permission to KIDS to conduct a background check (CORI) on me.

In consideration of the opportunity afforded to me/volunteer to assist on a voluntary basis with K.I.D.S.:

PERMISSION TO VOLUNTEER/MEDICAL TREATMENT: I hereby give permission for (1) the volunteer mentioned above to (a) assist with the programs/events/activities conducted by K.I.D.S., and (b) be transported to/from special programs/events/activities, and (2) emergency medical treatment to be administered to the volunteer mentioned above by qualified medical personnel. I understand and agree that participation in such programs/events/activities is contingent upon compliance with K.I.D.S. policies by participant and participant's parent/guardian/friends/family and expulsion from the program may result from failure to so comply. I further understand and agree that presence and/or assistance may include possible exposure to and illness from infectious diseases, including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist. The volunteer and I acknowledge that we are aware there are risks to us of exposure to, directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. The volunteer and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (defined below) or others and assume full responsibility for our presence and/or participation. The volunteer and I understand and agree that K.I.D.S. may determine requirements for the volunteer to assist with the programs/events/activities, including but not limited to, those regarding protection against infectious diseases, and the volunteer and I must, and willingly agree to, comply with those requirements. If, however, I or the volunteer observes any unusual or significant hazard during the presence or participation, the volunteer will leave or stop assistance and bring such to the attention of the nearest K.I.D.S. official immediately. **The volunteer and I have not to the best of our knowledge had ANY close contact nor have cared for someone who has been diagnosed with COVID-19, and have not experienced ANY cold or flu symptoms in the last 14 days – regardless of severity, these symptoms include but are not limited to: fever, chills, shaking with chills, muscle pain (unrelated to physical exertion), headache, loss of taste or smell, cough sore throat, respiratory illness, shortness of breath nor difficulty breathing. If the volunteer or I develop these symptoms at any time during assistance with or attendance at a K.I.D.S. program/activity/event, we will immediately notify K.I.D.S. and refrain from assisting and attending ANY K.I.D.S. program/activity/event until we are symptom-free for at least fourteen (14) days.**

KIDS reserves the right to terminate your volunteer status at any time and for any reason.

THE FOLLOWING MUST BE FILLED OUT COMPLETELY

Print Volunteer Name _____

Parent/Guardian Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____
(Volunteer signature required if 18 years or older)

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PERMISSION FOR PHOTOGRAPHY/VIDEOGRAPHY: I give K.I.D.S., Inc. permission to video tape/photograph, and hereby agree to the voice, appearance, and any participation of, any program that a minor, parent, guardian, or adult takes part in. I also understand and agree that their videos/photographs may appear on television, in the newspaper, or on the K.I.D.S. website and in promotional materials or advertisements.

Parent/Guardian Signature: _____ **Date:** _____

Volunteer Signature: _____ **Date:** _____

(Volunteer signature required if 18 years or older)

WAIVER OF LIABILITY: In consideration of the opportunity afforded to me/volunteer to assist on a voluntary basis with K.I.D.S., I hereby **RELEASE, DISCHARGE, AND COVENANT NOT TO SUE K.I.D.S.** or its officers, directors, administrators, agents, members, and volunteers (collectively referred to as "Releasees") and waive any right or cause of action arising as a result of the volunteer's participation in any programs/events/activities with K.I.D.S. which any liability may or could accrue against Releasees collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include but not be limited to any rights or causes of action resulting from possible exposure to and illness from infectious diseases (such as COVID-19), personal injury to the volunteer, disability, death, or loss or damage to person or property, including that caused in whole or in part by the negligence of the Releasees or otherwise. The volunteer is participating as an individual and not as an employee. The volunteer also gives K.I.D.S. permission to use his/her name and/ or pictures while he/she is volunteering in the programs, events, and/or activities of K.I.D.S.

K.I.D.S. **IS NOT RESPONSIBLE** for any injury or accident that may occur either during the course of any program/event/activity, including but not limited to transportation to/from the same, or due to the falsification of any information on this form. In the event of any changes to information in this form, I agree to notify K.I.D.S. of said change(s) within 21 days. Volunteer and I hereby waive, release, absolve, indemnify, and agree to hold harmless K.I.D.S., its principals, agents, employees, volunteers, sponsors, participants and persons from any and all claims arising out of injury to the volunteer mentioned above resulting from their assistance with/in K.I.D.S. programs/events/activities.

Volunteer Name: _____

Parent(s)/Guardian(s): _____

Brother(s): _____

Sister(s): _____

Parent/Guardian Signature: _____ **Date:** _____

Volunteer Signature: _____ **Date:** _____

(Volunteer signature required if 18 years or older)

SECTION 8: FOR OFFICE USE ONLY

CORI Check

Date Completed: