



KIDS IN DISABILITY SPORTS, INC.
P.O. Box 1397
Lowell, MA 01853
1-978-473-8020
Website: 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 sports programs, events and activities (collectively, “**Programs**”). Parents, guardians, family, friends, and community members come together to coach, organize and support Programs. **Without you, we cannot run Programs.**

K.I.D.S. is a private, nonprofit organization, whose mission is to improve the quality of life for individuals with disabilities through the Programs it offers. Programs 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. If you have questions, please email info@kidsinc.us or call 978-473-8020, extension 4.

K.I.D.S., Inc.

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

| FOR K.I.D.S. USE ONLY | |
|--|--|
| CORI Check Pass: <input type="checkbox"/> Y <input type="checkbox"/> N | Date completed: |
| 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: | Email Address 1: |
| City: | Phone 2: |
| 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"/> Baseball ³ <input type="checkbox"/> Basketball ² <input type="checkbox"/> Cornhole ⁴ | <input type="checkbox"/> Floor Hockey ¹ <input type="checkbox"/> Golf ⁴ <input type="checkbox"/> Soccer ¹ |
| <input type="checkbox"/> Track/Field ³ | ¹ Sept-Oct ² Nov-Feb ³ May-Jun ⁴ Jun-Aug (Dates are approximate & subject to change; programs/events may be postponed, rescheduled, or cancelled at the discretion of K.I.D.S. at any time for any reason.) |
| Factors that motivate me in a volunteer role are (check all that apply): <input type="checkbox"/> Personal satisfaction <input type="checkbox"/> Recognition by youths <input type="checkbox"/> Preparing youth for future <input type="checkbox"/> Resume/skill building <input type="checkbox"/> Professional development <input type="checkbox"/> Community involvement <input type="checkbox"/> School requirement <input type="checkbox"/> Public recognition (news article, etc.) <input type="checkbox"/> Organizational recognition (pins, banquet, etc.) <input type="checkbox"/> 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? If yes, please explain.

SECTION 7: AGREEMENT TO POLICIES & PROCEDURES

In consideration of the opportunity afforded to me/volunteer to assist on a voluntary basis with K.I.D.S., I acknowledge receipt of and confirm that I have read, understand, and agree to abide by the K.I.D.S. policies and procedures ("**Policies and Procedures**"), which may be updated from time-to-time and posted to www.kidsinc.us. If I do not agree with any part of the Policies and Procedures, I understand that I will not be able to volunteer with K.I.D.S.

Parent/Guardian Signature: _____ Date: _____

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

SECTION 8: 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 under the influence of drugs or alcohol. Additionally, I give permission to K.I.D.S. 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 team and individual sports programs and social and recreational events and activities offered by K.I.D.S. (collectively referred to as "**Programs**"), and (b) if applicable and in compliance with the Policies and Procedures, be transported to/from Programs, and (2) emergency medical treatment to be administered to the volunteer mentioned above by medical personnel. I understand and agree that participation in and assistance with such Programs is contingent upon compliance with the Policies and Procedures by volunteer. K.I.D.S. reserves the right to terminate your volunteer status at any time and for any reason.

I further understand and agree that presence at and/or assistance with Programs 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 assistance.** The volunteer and I understand and agree that K.I.D.S. may determine requirements for the volunteer to assist with Programs, 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. **If at any time the volunteer or I experience symptoms of any illness, including but not limited to, cold and flu symptoms, we will immediately notify K.I.D.S. and refrain from assisting and attending ANY Program until we are symptom-free for at least seven (7) days.**

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)

PERMISSION FOR PHOTOGRAPHY/VIDEOGRAPHY: I give K.I.D.S. permission to use volunteer's name, voice, or picture (video tape or photograph) obtained while attending or assisting with Programs and acknowledge that such use may appear on television, in print (newspaper, promotional materials, advertisements, etc.) or on the K.I.D.S. website.

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 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, volunteers, and sponsors (**collectively referred to as "Releasees"**) and waive any right or cause of action arising as a result of the volunteer's participation in and assistance with any Programs which any liability may or could accrue against Releasees collectively or individually. Furthermore, I hereby waive, release, absolve, indemnify, and agree to hold harmless Releasees from any and all claims arising out of injury to the volunteer mentioned above resulting from their participation in and assistance with Programs. 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 any person or property, including that caused in whole or in part by the negligence of the Releasees or otherwise. The volunteer is participating as a volunteer and is not as an employee of K.I.D.S.

K.I.D.S. **IS NOT RESPONSIBLE** for any injury or accident that may occur during the course of any Program, including but not limited to transportation to/from the same, or due to the falsification of any information on this form. I agree to notify K.I.D.S. of any changes to information in this form within 21 days of such change.

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)



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K.I.D.S. Policies and Procedures

Kids In Disability Sports (“**K.I.D.S.**”) started in 1995 and incorporated as a 501(c)(3) non-profit organization in 1999. It provides numerous year-round team and individual sports programs and social and recreational events and activities (collectively referred to as “**Programs**”) for individuals with disabilities. The following information will help you determine if K.I.D.S. is the right organization for you and your loved one. Participation in, attendance at, or assistance with K.I.D.S. Programs is contingent upon member parents, guardians, family, friends, and representatives such as group home supervisors (collectively referred to as “**Representative(s)**”), and member’s and volunteer’s compliance with all K.I.D.S. policies and procedures.

1. **Conduct.** One of the primary goals of K.I.D.S. is to promote fun, fair play, and respect for all K.I.D.S. members and volunteers who give their time to support the organization. It is expected that all Representatives and members will support and cooperate with K.I.D.S. volunteers and representatives in this effort. Additionally, language and conduct of members, Representatives and K.I.D.S. volunteers and representatives will at all times demonstrate high standards. Inappropriate language and conduct, including conduct deemed disrespectful or unsafe (for example, name calling; use of drugs, alcohol, or tobacco; etc.), will not be tolerated and will be subject to termination of the member, Representative, or K.I.D.S. volunteer or representative from Programs and membership, as applicable and at the sole discretion of K.I.D.S.
2. **Registration.** Registration in advance of participation in any Program is mandatory for all members. The minimum age to register with K.I.D.S. is six. There is no upper age limit. The season runs from September 1 to August 31. A registration form must be completed for each member and returned by the date specified in the Registration Letter. Incomplete registrations or registrations received without applicable payment will not be accepted. Information is kept confidential. Registration does not guarantee member’s spot in any Program.
3. **Registration Fee.** The registration fee is set forth in the Registration Letter. Registrations post-marked after the deadline set forth in the Registration Letter will incur a late fee. Payment of the applicable registration fee does not entitle Representatives to participate in any Programs except if doing so as a volunteer. That said, Representatives are welcome to participate in all social events as designated and specified by K.I.D.S. on a case-by-case basis.
4. **Program Sign-up & Attendance.** For K.I.D.S. to determine the equipment and number of volunteers needed for each Program, you will receive a communication when it is time to sign-up for a Program and must sign up the member on a Program-by-Program basis by the noted deadline. For the safety of the members and volunteers, some Programs have a maximum number of participants allowed. Program participation is on a first come, first served basis. Members or Representatives, as applicable, should note the start and end times of each Program. Members should be on time for the start of any Program and, for those members over 18 years of age, picked up no later than the Program end time designated by the coach or K.I.D.S. designee. The member or Representative must sign in each week with the coach or other designated individual.

If, after Program sign-up, the member is unable or decides not to attend the Program, a Representative must notify K.I.D.S. as soon as possible by email at info@kidsinc.us or by calling the designated phone number in the Program announcement and include the member’s name and message that they will not be able to attend. Additionally, notification is required if a member cannot attend any Program days (i.e., vacations, sickness, etc.). Failure to attend two consecutive sports programs without providing such notice will automatically terminate the member from the applicable sports program. The member or Representative may be subject to payment of a Program fee for failure to provide such notice. The Program fee varies, depending on the Program.

5. **One-on-One Assistance.** Because K.I.D.S. is staffed entirely by volunteers, we are unable to provide one-on-one assistance to members. Members should be able to take and follow directions given by coaches and volunteers with minimal redirection. Representative(s) are responsible for providing or arranging to provide one-on-one assistance for members requiring such assistance. K.I.D.S. reserves the right to determine if such assistance is required and communicate that to the Representative. If K.I.D.S. determines that such assistance is required, the member will be unable to participate in any Program until such assistance is in place. Additionally, K.I.D.S. reserves the right to assign members to Program slots that K.I.D.S. believes will provide the best and most rewarding experience for the member.
6. **Policies; Termination.** The safety and well-being of members and Representatives is K.I.D.S. primary concern. Participation in, attendance at, and volunteering for Programs is subject to compliance with all of K.I.D.S. policies and procedures. K.I.D.S. reserves the right to terminate membership in K.I.D.S., participation in and Representatives attendance at any Program, or volunteer's assistance with any Program for failure to comply with such policies and procedures.
7. **Medical Information.** It is the responsibility of the applicable Representative to determine if any Program will be harmful to the member's physical, mental, or emotional well-being and, if so, to avoid such Program, as K.I.D.S. is not responsible regarding such matters.
8. **Age; Transportation.** Members under 18 years old cannot be left at any Program unattended. Members 18 and over must provide emergency contact and applicable medical information when attending any social or recreational event or activity. Members and Representatives are responsible for their own transportation to and from Programs. K.I.D.S. is not responsible for members who are dropped off. K.I.D.S. coaches and volunteers should not transport members under the age of 18 to/from Programs without the express written permission of the member's parent or guardian. Members 18 and over who are able to make their own informed decisions may do so with respect to such transportation, however K.I.D.S. is not responsible for injuries, including death, resulting from such decisions.
9. **Member Siblings.** At the discretion of K.I.D.S., participation in Programs may be offered to member siblings. Sibling participation in team sports will be allowed if the member requires the sibling's one-on-one assistance, provided that the sibling is 13 years of age or older and completes and submits a volunteer application to K.I.D.S. at least 2 weeks prior to the start of the applicable Program.
10. **Volunteers.** Programs are entirely dependent upon volunteers and cannot take place without them. We ask that Representatives volunteer so that we can continue offering Programs to your loved ones. All volunteers must submit a volunteer application and those 18 and over must undergo a CORI check.
11. **Fundraising.** Funding for Programs is entirely dependent on money raised via fundraising, donations, and grants. Representative's participation in these events is crucial to raising money to be able to continue providing the Programs that your loved one has come to enjoy. We will periodically provide Representatives with suggestions on how to support these events.
12. **Communication.** K.I.D.S. posts important Program information to our website www.kidsinc.us which you should regularly check. Additionally, email and telephone communications are sent to our members throughout the year with important Program information, including start and end dates and times, locations, and cancellations. K.I.D.S. email address and phone number should be added to your applicable contact lists to ensure receipt of such notifications. Removal of spam and robo-blockers from your phone may be necessary. Prompt attention to these communications and "respond by" deadlines is necessary for K.I.D.S. to plan the Programs and ensures the member's participation, space permitting. Please promptly notify K.I.D.S. if your home address, email address, or phone number(s) changes to ensure you continue receiving our communications. Notification can be made by sending an email to info@kidsinc.us or by calling the registration info number below.

Contact Information

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| Mailing Address: Kids in Disability Sports, Inc. P.O. Box 1397 Lowell, MA 01853 | Telephone: 978-473-8020 Ext. 1 – General Information Ext. 2 – Registration Information Ext. 3 – Sports Information Ext. 4 – Volunteer Information | Email: info@kidsinc.us Website: www.kidsinc.us Facebook: Kids in Disability Sports, Inc. Venmo: Kids@Gray |
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If you have questions, please email info@kidsinc.us or call 978-473-8020, extension 1.