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: ☐ Y ☐ 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: ☐ Phone ☐ Email Gender ☐ Male ☐ 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)? ☐ Yes ☐ No Participant Name(s):	Do you know someone affiliated with our program(s)? ☐ Yes ☐ No Affiliate Name(s): Relationship: ☐ Friend ☐ Relative If relative, how are you related:

SECTION 4: INTERESTS AND AVAILABILITY

☐ Coaching ☐ Assistant Coaching ☐ Fundraising ☐ Social Events

☐ Baseball[3] ☐ Basketball[2] ☐ Cornhole[4]	☐ Floor Hockey[1] ☐ Golf[4] ☐ Kickball[5]	☐ Soccer[1] ☐ Track/Field[3]	[1]Sept-Oct [2]Nov-Feb [3]May-Jun [4]Jun-Aug [5]Jul-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):

☐ Personal satisfaction ☐ Recognition by youths ☐ Preparing youth for future ☐ Resume/skill building
☐ Professional development ☐ Community involvement ☐ School requirement ☐ 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? 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)