 

**Volunteer Registration Form**

**Where:** University of Richmond, Weinstein Center Gymnasium

**When:** August 8-12, 2016

**Description:** iCan Shine is a non-profit organization that teaches individuals with disabilities to ride a conventional two-wheel bicycle through its’ iCan Bike program.

Please complete and e-mail this form to:

Sarah Ann Jennings sarahann\_jennings@bshsi.org, or call 804-747-4673 with questions

All volunteers over the age of 18 will be subject to a background check.

**Personal Information**

Volunteer Information: M\_\_\_\_ F\_\_\_\_ Birthdate: Month\_\_\_\_\_ Year \_\_\_\_\_

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

T-shirt Size (XS, S, M, L, XL or 2XL): 16 yrs or older (Y or N):

Phone #s (home and cell):

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

E-mail Address:

Company or school name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

In the event of an emergency, who would you like contacted?

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

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

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

Name:

Relationship: Best Phone:

**Volunteer Role**

**Spotter**: Walk/jog/run alongside a rider as they are learning to ride a bike during a 75-minute session (with short breaks) for 5 days Monday through Friday. You will provide encouragement and physical support, as needed. Spotters can expect to jog/run a good portion of the time.

**Please check off your highest level of fitness:**

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

I can jog at a moderate pace for one hour with short breaks

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

I can walk fast for one hour with short breaks

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

I can walk steadily for one hour with short breaks

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

I cannot walk steadily for one hour with short breaks

**Your Commitment**

Please indicate the 75-minute session(s) for which you would like to volunteer. Please note that we ask you to commit to working **all** five days during the camp for the session(s) you select. Riders bond with their assigned volunteers and rely on the same person to be there each day. **Plan to arrive 15 minutes prior to your session start time for a daily strategy/training session with Shine Staff.**

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

 8:30 am - 9:45 am

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

10:05 am – 11:20 am

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

11:40 am – 12:55 pm

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

2:00 pm – 3:15 pm

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

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

3:35 pm - 4:50 pm

**If you are unable to commit to all 5 days, we do have other jobs available!** Please indicate what time of the day would be better for you.

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

7:15 am – 8:15 am Set Up

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

5:00 pm – 5:30 pm Clean Up

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

8:00 am – 11:45 am Volunteer Check In

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

1:45 pm – 3:30 pm Volunteer Check In

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

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

Various Times Cheerleader

**What day(s) are you available for the above?**

**NOTE:** Required volunteer orientation/training will be held Sunday, August 7th, 2016, St. Mary’s Hospital, at 4pm.



**Volunteer Release Form**

**Program**: iCan Bike

**Description:** A five-day long bike program that uses adapted equipment to help individuals with disabilities learn to ride a two-wheel bicycle.

By signing, I hereby expressly acknowledge that biking, like many sports such as swimming, golf, soccer, and gymnastics involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. Further, I hereby expressly acknowledge that photographs and/or videos of me may be taken by parties outside the control of iCan Shine in connection with participating in this program. I acknowledge that iCan Shine has limited or no control over such activities of third parties and has no control over any editing and/or use of such photos and/or video footage. I accept such risks as reasonable and proper, and agree to hold harmless the officers, principals, staff and volunteers of Bon Secours Medical Group and Richmond Hope Therapy, iCan Shine, Inc., and Rainbow Trainers, Inc. should injury or mishap occur in this regard.

I give permission to be photographed and/or videotaped in print or electronic media by iCan Shine or third parties acting on behalf of iCan Shine. I acknowledge and agree that photographs and videos may be edited and used in whole or in part as desired for the purpose, which may be produced, duplicated, distributed and used for informational, promotional or other public purposes. I understand that photographs and video are not my property and there will be no compensation to me.

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

Print Volunteer Name:

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

Signature (of parent if under 18):



**Volunteer Release Form**

**Program**: iCan Bike

1.                   I know that participating in such classes is a potentially hazardous activity and may result in injury.  I should not participate in such classes unless I am medically able.  I agree to abide by all decisions of Program officials relative to my ability to participate safely.  I assume all risks associated with participating in these classes, including but not limited to:  cuts, burns, falls, strains, and other injuries, all such risks being known and appreciated by me.
2.                   Having read this waiver and knowing these facts and in consideration of the Program accepting my enrollment in the above described classes, for myself, my heirs and legal representatives, I hereby agree to release, indemnify, defend and hold harmless BSRHS and its employees, members, officers, directors, representatives, volunteers, participants, sponsors and affiliates from and against any and all losses, costs, damages, claims, demands, rights and causes of action of whatever kind or nature, including reasonable attorney fees (the “Costs”), arising out of my participation as in the classes conducted by the Program, including those Costs related to any illness, personal injuries, property damage, death or of any other damages or injuries not identified specifically herein.
3.                   I understand that my name, photograph, voice and/or likeness may be used in promotional or advertising materials of or by BSRHS and its affiliates and I hereby consent to grant any and all rights in the use of such photograph, voice and/or likeness to BSRHS and its affiliates and grant permission to the Program and its affiliates to use photographs, motion pictures, recordings or other records of this event for any legitimate purpose.
4.                   I represent that I am legal age, fully competent, have read this waiver and consent and fully understand it.  I agree that the law of the Commonwealth of Virginia shall govern any matters arising from this waiver and consent form.

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

Print Volunteer Name:

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

Signature (of parent if under 18):