

Paralympic Sport Sacramento Quad Rugby
Individual Volunteer Registration
Fall 2011/2012

Please Type or Print Legibly

Name _____

Mailing Address: _____ City _____ Zip _____

Phone: (Home) _____ (Work) _____ (Cell) _____ (Fax) _____

What is the best time to reach you? Home: _____ Work: _____ Cell: _____

E-mail: _____ (*Please respond to all emails!)

Are you affiliated with a group for this volunteer activity? Yes No. If YES, Group Name: _____

Are you a veteran with a disability YES NO Are you currently on Active Duty YES NO

Branch of Service _____

Is this your first time volunteering for an Access Leisure/Paralympic Sport Sacramento programs? YES NO

Have you had any experience with individuals with disabilities? If so, in what capacity?

Are you volunteering for class credit? YES NO

Will you need to have an evaluation form completed? YES NO

School of Attendance: _____ Instructor/Program: _____

1. Have you ever been convicted by a court of a misdemeanor? YES NO

2. Have you ever been convicted by a court of a felony? YES NO

3. If "YES" to "1" or "2", state WHAT conviction, WHEN, WHERE, AND DISPOSITION OF CASE(S):

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Department of Parks and Recreation, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself at the Paralympic Sport Sacramento Handcycling and Tandem Cycling Program. In case of accident arising out of the said activity, medical assistance may be administered to the registrant of this activity.

Media Release

I specifically grant permission to City of Sacramento, Department of Parks and Recreation Access Leisure to use my likeness, voice and words in television, radio, newspapers, films, magazines, and media of any form not heretofore described to further the aims of the Paralympic Sport Sacramento.

GROUND FOR TERMINATION: Volunteers will not be considered employees of the City of Sacramento. All volunteers serve the City of Sacramento at will, and either the City of Sacramento or the volunteer may terminate the arrangement without notice or consideration.

Signature of volunteer, or guardian if under 18 yrs/ old

Date Signed

Return form to: City of Sacramento, Access Leisure, Attn. Jenny Yarrow
5735 47th Ave Sacramento, CA 95824 or email jyarrow@cityofsacramento.org or fax to Jenny Yarrow @ 916-808-3559

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Volunteer Responsibilities

Help with set up. Includes moving equipment, sport wheelchairs etc.

Help athletes prepare for practice- taping hands, etc

Some athletes may require assistance transferring into their Rugby wheelchair.

Please only attempt to assist with transfers after being properly trained and can do so safely.

Help with drills, retrieving balls and setting up cones.

Assist athletes to right wheelchair and athlete after tipping over

Assist Coach as needed

Help with take down, clean up and put away equipment

Please mark the program you would like to volunteer for. Please remember to mark your calendar so you have a record of dates you will be volunteering.

Section 1 Quad Rugby Practice –Circle all dates you can volunteer for this program
Tuesday nights 6 PM to 9 PM @ Rosa Parks, 2250 68th Ave, Sacramento CA 95822
Sept 13, 20, 27, Oct 4, 11, 18, 25, Nov 1, 8, 15, 22, 29, Dec 6, 13

Section 2 Quad Rugby Practice –Circle all dates you can volunteer for this program
Saturdays @ Leonardo de Vinci School, 4701 Joaquin Way, Sacramento CA 95822
Sept 24 1PM to 5 PM / Oct 15, Nov 5, Dec 10, Jan 14, 28 1 PM to 4 PM

Rugby Tournament **Check each date you would like to volunteer**
 Saturday December 3, 2011 12:00 AM to 5:00 PM
 Sunday December 4, 2011 12:00 AM to 5:00 PM
Leonardo de Vinci School, 4701 Joaquin Way, Sacramento CA 95822