



Program Guidelines*

*The winter season Junior Volunteer (JRV) program has a limited number of available positions. Placement decisions will be based upon previous volunteerism with ASPNC, your completed application packet, then considered on a first come, first served basis. Please be sure to get your application in promptly.

- JRVs must be at least 14 years old by December 1, 2016.
- JRVs must attend the JRV Orientation Sunday, December 10th from 1-4pm.
- JRVs are asked for a commitment of at least 1 shift per week from December 31st to March 12th. (We do understand that you may need to miss one or two during this period, but you must anticipate being available for the bulk of them.)
- First year alpine program JRVs are not eligible for a Cannon Mountain season's pass regardless of your commitment level. A lift ticket, good for the entire day, is available to those JRVs who need it for each volunteer shift.
- JRVs must have all required paperwork and online training completed and submitted to the ASPNC office prior to participation in any training or activity sessions. This includes; applications, including references (not from a relative but from someone such as a teacher, school counselor, coach, mentor, etc.), must be submitted in their entirety.

Email, fax or snail mail completed application to:
Sandy Olney, Executive Director
Fax: 603-823-5232
Email: Sandy@AdaptiveSportsPartners.org
c/o ASPNC, PO Box 304, Franconia, NH 03580

Adaptive Sports Partners of the North Country Junior Volunteer Application 2016

Important Dates to Remember

November 28 th	Applications Due
December 10 th	Informational Session, First-time JRVs – 12:30PM
December 10 th	JRV Winter Orientation for 2016-17 season; 1-3PM
December 11 th	Alpine Ski & Ride Training, 12:30-3PM – Peabody Lodge, Cannon
December 17 th	Alpine Ski & Ride Training, 12:30-3PM – Peabody Lodge, Cannon
December 17 th	Nordic Training, 12:30-3PM - Ski Hearth Farm, Sugar Hill
December 18 th	Alpine Ski & Ride Training, 12:30-3PM – Peabody Lodge, Cannon
December 24 th	Alpine Ski & Ride Training, 12:30-3PM – Peabody Lodge, Cannon
Dec 31 st / Jan 1 st	Alpine Ski & Ride Programs Begins – Cannon Mountain JRV shifts - Saturdays, 12:30-3PM &/or Sundays 12:30-3PM
January 7 th	Nordic and Snowshoe Program Begins – Ski Hearth Farm JRV shifts - Saturdays, time based on participant requests
January 15 th	Swim Program Begins – Evergreen Sports Center JRV shifts – Fridays, 4PM and/or 5PM
February 4 th	Pirates of the High Skis! – ASPNC’s winter fundraising event, 8:30A – 3:30P Peabody Lodge, Cannon Mountain
March 11 th	Nordic/Snowshoe Program Ends
March 11 th / 12 th	Alpine Ski & Ride Program Ends

Adaptive Sports Partners of the North Country

461 Main Street, PO Box 304

Franconia, NH 03580

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Sandy Olney, Executive Director

603-823-5232, office or 603-244-0057, cell

Sandy@AdaptiveSportsPartners.org

ASPNC JRV Requirements

2016-17 Winter Season

NEW JUNIOR VOLUNTEERS TRAINING REQUIREMENTS

- Completed New JRV Paperwork Packet
- New JRV Orientation December 10th
- Diversity Training
- Sport Specific Training in December and throughout the season.
- Concussion Training - online
- SafeSport Training - online
- Protective Behaviors Training - online

CONTINUING JRV TRAINING REQUIREMENTS

- Update Continuing JRV Paperwork Packet
- JRV Orientation – December 10th
- Sport Specific Training
- Diversity Training (unless current)
- SafeSport Training – online (unless current)
- Concussion Training – online (unless current)
- Protective Behaviors Training – online (unless current)

Online Training Links:

Heads Up Concussion Training - <http://www.cdc.gov/headsup/youthsports/training/index.html>

SafeSport - <http://safesport.org/toolkit/coaches/>

Protective Behaviors - http://www.specialolympics.org/protective_behaviors.aspx

ACTIVITY VOLUNTEER COMMITMENT OPTIONS

	Alpine	Nordic	Snowshoe	Swim	Tennis	Climbing
Activity Commitment	Entry Level	Entry Level	Entry Level	Entry Level	Entry Level	Entry Level
	5 "Regular" Half Days (min.)	5 "Regular" Half Days (min.)	5 Sessions (min.)	4 Sessions (min.)	1 of the 3 dates below (min.)	4 Sessions (min.)
	Seasonal	Seasonal	Seasonal	Seasonal	Seasonal	Seasonal
	10 "Regular" Half Days	10 "Regular" Half Days	10 "Regular" Half Days	8 Sessions	Jan 21, Feb 18 & Mar 11	8 Sessions

What is "regular"??? - "Regular" at ASPNC means a regular day or ½ day of the week that you commit to for consecutive weeks during that sport/program's season.

Adaptive Sports Partners of the North Country
New JR Volunteer Application

Please fill out this form completely and accurately for our records. Thank you.

Name: _____ Date: _____

Current Mailing Address: _____

Please * your **primary** contact # **Telephone** Home: _____ Cell: _____

Parent Name: _____ Email: _____ Cell: _____

Parent Name: _____ Email: _____ Cell: _____

E-mail address: _____ Date of Birth: _____

What is the best method for contacting you?

Text Email Cell phone call Other: _____

Do you have a disability? If yes, please provide the diagnosis: _____

Please share info about your allergies, medical conditions, or medications that we should be aware of:

Military: JROTC (Branch: _____) T-Shirt Size: _____ School: _____

Emergency Contact: _____

Telephone: _____ Relationship: _____

Please tell us what special skills you will bring to the program, why you want to become involved, and your expectations:

Please list at least three goals or special accomplishments you wish to achieve through volunteering with ASPNC:

1. _____

2. _____

3. _____

ASPNC is a Paralympics Sports Club. As such, we are required to provide data about volunteers to the US Paralympics organization.
This information is for non-commercial use and is kept confidential.

Thank you for your application. Please let us know when there are any changes to the information you have given, such as email, telephone, address, etc. so that we can keep our records current.

Adaptive Sports Partners of the North Country Waiver & Release of Liability, and Media Release Agreement

Adaptive Sports Partners of the North Country is a non-commercial, not for profit activity provider. The purpose of this agreement is to exempt, waive and relieve Released Parties from any and all liability for wrongful death, personal injury, and property damage, including, but not limited to, liability arising from the negligence of Released Parties. "Released Parties" include Adaptive Sports Partners of the North Country and their representatives, administrators, directors, agents, coaches, employees, and volunteers; other participants, sponsoring agencies, sponsors, and advertisers; and, if applicable, the owners, operators, and lessors of premises on which the activities or events take place.

In consideration of the undersigned Participant being allowed to participate in any way in Adaptive Sports Partners of the North Country related events and activities, the Undersigned ("Undersigned" means the Participant or the Participant's parent, legal guardian, or legal representative when the Participant is under the age of 18 or legally incapacitated) agrees and acknowledges as follows:

- 1. Risks of Activity.** Participant will be taking part in activities that can be hazardous and involve the risk of physical injury and/or death. The activities are inherently dangerous and Undersigned fully realizes the dangers of participating in the activities. The dangers and risks of the activities include, but are not limited to the condition of the premises and equipment, and the acts, omissions, representations, carelessness, and negligence of the Released Parties. Recognizing the risks and dangers, the Undersigned voluntarily chooses for Participant to participate in the activities and expressly assumes all risks and dangers of the participation in the activity, whether or not described above, known or unknown, inherent, or otherwise.
- 2. Release and Indemnification.** Undersigned (a) unconditionally releases, forever discharges, and agrees not to sue the Released Parties for any claims or causes of action for any liability or loss of any nature, including personal injury, death, and property damage, arising out of or relating to Participant's participation in the activities, including, but not limited to claims of negligence, breach of warranty, and/or breach of contract the Undersigned may or will have against the Released Parties; and (b) agrees to indemnify, defend, and hold harmless the Released Parties from and against any liability or damage of any kind and from any suits, claims or demands, including legal fees
- 3. Helmet Use.** Undersigned agrees that Participant shall use a helmet when participating in the following activities: Alpine skiing, snowboarding, cycling, ice hockey, outdoor rock climbing, white water river-rafting, and any other activity when directed by Released Parties. Undersigned understands that a helmet is in no way a guarantee of safety and that no helmet can protect the wearer against all foreseeable impacts to the head, and that the activities can expose the Participant to forces that exceed the limits of protection provided by a helmet. Undersigned agrees to assume full responsibility for complying with this paragraph and that Released Parties shall not be liable for any injury or damages resulting from Participant's failure to use a helmet.
- 4. Miscellaneous.** Undersigned agrees (a) Participant will not engage in any activities prohibited by any applicable laws, statutes, regulations and ordinances; (b) this agreement shall be governed by the laws of the State of NH and the exclusive jurisdiction and venue for any claim shall be located in the state courts located in Grafton County, NH; and (c) this agreement shall be binding upon the distributors, heirs, next of kin, executors, and personal representatives of the Undersigned.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT I AM RELEASING LEGAL RIGHTS THAT OTHERWISE MAY EXIST.

Participant's Signature	Participant's Name (please print clearly)	Date

FOR PARTICIPANTS UNDER THE AGE OF 18 OR LEGALLY INCAPACITATED

Undersigned parent, or legal guardian or legal representative acknowledges that he/she is not only signing this Agreement on his/her behalf, but that he/she is also signing on behalf of the minor or legally incapacitated adult and that the minor or the legally incapacitated adult shall be bound by all the terms of this agreement. Additionally, by signing this agreement as the parent, or legal guardian or legal representative of a minor or legally incapacitated adult, the parent, legal guardian or legal representative understands that he/she is also waiving rights on behalf of the minor or legally incapacitated adult that the minor or legally incapacitated adult otherwise may have. The Undersigned parent, or legal guardian or legal representative agrees that, but for the foregoing, the minor or legally incapacitated adult would not be permitted to participate in the activities. If signing as the parent, legal guardian or legal representative of a minor or legally incapacitated Participant, signing adults represent that they are a parent, legal guardian or legal representative of the Participant.

Minor's DOB	Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship	Date

MEDIA RELEASE FORM

MEDIA/PHOTO WAIVER: Undersigned authorizes and gives full consent to Released Parties to copyright and/or publish for public view any and all photographs, digital recordings, videotapes and/or film in which Participant appears. Undersigned agrees that Released Parties may transfer, use, or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

Participant's Signature	Participant's Name (please print clearly)	Date
Parent/Legal Guardian or Representative Signature	Parent/Legal Guardian or Representative Name	Relationship
	Date	

LOCAL PROGRAM VOLUNTEER AND UNIFIED PARTNER APPLICATION



Local Program Name: North Country UNITED / Adaptive Sports Partners of the NC New Renewal Update

This application must be completed and signed prior to participation by all persons 8 years and older who wish to serve as a Local Program Volunteer and/or a Unified Partner for Special Olympics New Hampshire.

Minor applicants (less than 18 years of age):

- Must provide the name and contact information of a Parent/Guardian
- Must have this application signed by a Parent/Guardian

Adult applicants (18 years of age and older):

- Must provide a social security number and sign the Authorization and Release for a criminal background check, where your name will be run against the National Sex Offender Registry
- Must also complete Protective Behaviors Training (available online at www.sonh.org)

Section A: Personal Information (Required of ALL Applicants)

Name _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
Home Street Address _____	Date of Birth _____
Home City, State & Zip _____	Employer/School Name _____
Home Phone _____ Cell Phone _____	Work Phone _____
Home Email _____	Work Email _____
Primary Email for Communications: <input type="checkbox"/> Home <input type="checkbox"/> Work	T-Shirt Size: <input type="checkbox"/> Youth _____ <input type="checkbox"/> Adult _____
Emergency Contact Name _____	Emergency Contact Phone _____

Please answer the following questions:

- | | |
|--|--|
| • Do you use illegal drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Have you ever been convicted of a criminal offense? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Have you ever been charged with neglect, abuse or assault? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • Has your Driver's License been suspended or revoked in the past 3 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section B: Parent/Guardian Information (Required of Applicants less than 18 years of age)

Name _____	Relationship to Applicant _____
Home Street Address _____	Home City, State & Zip _____
Home Phone _____ Cell Phone _____	Work Phone _____
Home Email _____	Work Email _____

Section C: Adult ID Verification (Required of Applicants 18 years and older)

NOTE: A photo-ID check is required and can be done by either an SONH Staff member or your local program coordinator.

Social Security Number* _____	Driver's License ID _____	State _____
Maiden Name/Alias (if applicable) _____	Previous Address (if applicable) _____	

**Your Social Security Number (SSN) IS REQUIRED and will be used for NO other purpose other than to conduct an accurate background search. Your SSN will not be stored or maintained in any database, nor will it be sold or transferred in any way to a third party except for the express purpose of conducting the background check. This application, with your SSN, will be secured and used again in 3 years when it is time to renew your LPV status.*

Section D: References (Required of ALL Applicants)

By signing below, I confirm the following:

- I know the applicant in either a personal or professional capacity.
- I am at least 18 years of age and am not a legal guardian or relative of the applicant.
- I am not aware of any reason that this Applicant should not be permitted to volunteer on behalf of Special Olympics New Hampshire.

Reference 1

Name _____

Association to Volunteer _____

Phone Number _____

Signature _____

Reference 2

Name _____

Association to Volunteer _____

Phone Number _____

Signature _____

LOCAL PROGRAM VOLUNTEER AND UNIFIED PARTNER APPLICATION



Section E: Authorization For Criminal & Other Background Check (Required of Applicants 18 years and older)

I understand that in connection with my application to provide services as a volunteer, and/or for continuous volunteer services for Special Olympics New Hampshire ("SONH"), Lexis Nexis Screening Solutions, their agents, assigns or any other authorized third parties (collectively, "the Investigators") and/or the New Hampshire Department of Safety- Division of the State Police may perform, request, obtain or conduct a background check on me. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving, and/or criminal history (the "Information"). However, unless my position involves handling money and/or other transferable monetary instruments, my credit history will not be checked.

I understand that SONH may rely on any part or all of this Information in determining whether or not to approve this application. I further understand that if any adverse action is taken by SONH or if SONH chooses not to extend an offer of volunteer duties to me based upon the Information, that I will be provided a copy of such information along with a summary of my rights under the Fair Credit Reporting Act.

I have read this AUTHORIZATION FOR CRIMINAL AND OTHER BACKGROUND CHECK and by signing below, hereby authorize investigators to conduct a background check as described herein in conjunction with my application for volunteer duties. I further direct and authorize the investigators to conduct the background check and further authorize any third parties or agencies who may be the custodians of or in possession of the requested information, to disclose such information to investigators in connection with this background check. This form is intended to be, among other things, a criminal conviction release authorization required by New Hampshire Rule Saf-C 5703.11, and I hereby authorize Intellicorp and/or Securint to receive my criminal record(s).

I understand that the background check as described above will be conducted around the third anniversary of the date of this application and every three years thereafter unless I am no longer seeking Adult Local Program Volunteer status, in which case I will notify SONH.

Applicant Signature _____ Date _____

Section F: Special Olympics Release and Waiver of Liability (Required of ALL Applicants)

I, as an adult age 18 or older (or as the parent/guardian of a minor volunteer or Unified Sports® applicant), understand and agree that:

- I (and/or my minor child) release, indemnify, covenant not to sue, and hold harmless Special Olympics, its administrators, directors, agents, officers, volunteers, employees, and other Unified Sports® participants, and sponsors, advertisers, and if applicable, any owners and lessors of premises on which the activity takes place ("Releasees") from all liability, any losses, claims (other than that of the medical accident benefit), demands, costs, or damages that I (and/or my minor child) may incur as a result of participation as a volunteer and/or in Unified Sports® events and further agree that if, despite this RELEASE AND WAIVER OF LIABILITY agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.
• In consideration of participating in Special Olympics Unified Sports®, if applicable, I represent that I understand the nature of the program and that I (and/or my minor child) am (are/is) qualified, in good health, and in proper physical condition to participate as a Unified Partner at events. I fully understand the program involves risks of serious bodily injury which may be caused by my (and/or my minor child's) own actions or inactions, by the actions of others participating in the event, or by the conditions in which events takes place. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages I (and/or my minor child) may incur as a result of my (and/or my minor child's) participation. I acknowledge that, if at any time, I/we feel that the event conditions are unsafe, I (and/or my minor child) will discontinue participation immediately.
• If while participating in Special Olympics New Hampshire ("SONH") activities I (and/or my minor child) need emergency medical treatment and I am not able to give my consent for or make my own arrangement for that treatment because of my injuries, I authorize SONH to take whatever measures are necessary to protect my (and/or my minor child's) health and well-being, including, if necessary, hospitalization.
• In the course of volunteering for SONH, I may deal with personal information and I agree to keep said information in the strictest confidence.
• SONH has my permission to use my (and/or my minor child's) likeness, voice, and words in television, radio, film, websites, social media or any form to promote activities of Special Olympics.
• The relationship between SONH and volunteers is an "at will" arrangement and that it may be terminated at any time, without cause, by either the volunteer or SONH.
• I am responsible for notifying SONH within 90 days of any changes to the information I have provided on this Application.
• It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.
• I (and/or my minor child) will not be considered to be an employee of SONH, for any purposes other than tort claims and injury compensation, while performing voluntary services.

I would like to participate as partner in Unified Sports® with Special Olympics New Hampshire.

I affirm that I have read all pages of this Application and understand its meaning and that the information I have given is true and complete. I agree to comply with the Volunteer Code of Conduct and Special Olympics rules and regulations. I have read this RELEASE AND WAIVER OF LIABILITY agreement and fully understand it.

Applicant Signature _____ Date _____

Signature of Parent/Guardian (for minor) _____ Date _____

**STATE OF NEW HAMPSHIRE DEPARTMENT OF LABOR
PARENTAL PERMISSION AS DEFINED IN RSA 276-A:4 VIII AND LAB 1002.02
FOR THE EMPLOYMENT OF **YOUTH AGE 16 OR 17****

Youth's name: _____ Date of Birth ____/____/____
(please print) (month,day,year)

Youth's Address: _____
Street City State Zip

I, _____, grant permission for my son, daughter or legal ward
(Name of parent or legal guardian)

To be employed with Adaptive Sports Partners of the North Country
(Name of employer)

Located at 461 Main Street, Franconia, NH 03580
Street City State Zip

Description of work Assistant Activity Volunteer

Date Signature of parent or legal guardian

For information regarding the requirements of RSA 276-A, the New Hampshire Youth Employment Law, please contact the New Hampshire Department of Labor at 271-6294, or 271-1492.

RSA 276-A:4

I. No youth shall be employed or permitted to work in any hazardous occupation, except in an apprenticeship, vocational rehabilitation, or training program approved by the commissioner.

VI. No youth 16 or 17 years of age who is duty enrolled in school shall be permitted to work more than 6 consecutive days or more than 30 hours during the school calendar week, which shall be Sunday through Saturday.

VII. No youth 16 or 17 years of age who is duty enrolled in school shall work for more than 6 consecutive days or 48 hours in any one week during school vacations, including summer vacation. For purpose of this paragraph, "summer vacation" means June 1 through Labor Day

VIII. No youth 16 or 17 years of age, except a youth 16 or 17 years of age who has graduated from high school or obtained a general equivalency diploma, shall be employed by an employer unless the employer obtains and maintains on file a signed written document from the youth's parent or legal guardian permitting the youth's employment.

RSA 276-A:13 Night Work. –No such youth shall be employed or permitted to work at night work more than 8 hours in any 24 hours nor more than 48 hours during the week. If any youth is employed or permitted to work more than 2 nights each week, for any time between the hours of 8 o'clock p.m. and 6 o'clock a.m. of the day following, such employment shall be considered nigh work.

Lab 1002.03 Hours Limitations.

(c) Pursuant to RSA 276-A:13, any youth scheduled to work more than 2 nights in a week past 8 o'clock p.m. shall not be permitted to work more than an 8 hour shift during that particular week.

Hazardous Occupations are as defined in Federal Child Labor Bulletin Requirements in Nonagricultural Occupations "Child Labor Bulletins No. 101" Order No. 1 through Order No. 17

This form must be file with the employer prior to 16 or 17 year old youth performing any work.