iCan Bike Akron - Volunteer Registration Form

Volunteer Orientation: July 9th at 4pm; Camp Dates: July 10th – 14th

Copley High School Auxiliary Gym • 3807 Ridgewood Road, Copley, OH

Thank you for your interest in the sixth iCan Bike Camp ***sponsored*** and ***hosted*** by the **Autism Society of Greater Akron**. We are pleased to offer this bike program to people with all different abilities and look forward to having you play an important part in helping our riders learn to ride independently.

*****NO PRIOR EXPERIENCE WITH PEOPLE WITH DISABILITIES NECESSARY*****
AGE REQUIREMENT: Volunteers must be at least 16 years old, those 15 years old can volunteer but will be paired with an adult volunteer

Volunteer Information:

Name:	
Gender (M/F):	
Birthdate:	
T-Shirt Size (Adult):	☐ Small ☐ Medium ☐ Large ☐ XL ☐ 2XL
E-Mail:	
Cell Phone:	
Home Street Address:	
City, State & Zip:	
Emergency Contact Name:	
Emergency Contact Phone:	
How did you hear about camp?	
Are you a student? Where?	

What is your reason for volunteering with the iCan Bike Camp?

Volunteer Orientation:

Please plan to attend our 60-minute orientation on **Sunday, July 9th at 4pm at Copley High School Auxiliary Gym located at 3807 Ridgewood Road, Copley, OH 44321.** You will learn how the iCan Bike program operates, what to expect each day in your role as a volunteer spotter along with training tips on spotting your assigned rider. This is an opportunity to ask questions and meet other volunteers in your session. **Please arrive 15 minutes prior to your session start time for a daily strategy/briefing session.**

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.

Please place an "X" in the box below indicating 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

Do you have prior experience working with individuals with disabilities? If yes, describe.

Session(s) Volunteering For:

NOTE: Volunteer spotters will walk/jog approximately 3 miles during EACH 75-minute session so please keep this in mind if volunteering for multiple sessions.

We ask volunteers to commit to attending **all 5 days of camp for the session(s) you select**. Riders bond with their assigned volunteers and rely on the same person to be there to support them daily. Alternate schedules considered.

Check or click on the box(es) to indicate the 75-minute session(s) for which you would like to volunteer and the days you are available :

☐ Session #1: 8:30am - 9:45am ☐ ALL ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ Session #2: 10:05am - 11:20am ☐ ALL ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ Session #3: 11:40am - 12:55pm ☐ ALL ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ Session #4: 2:00pm - 3:15pm ☐ ALL ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri
☐ Session #5: 3:35pm - 4:50pm ☐ ALL ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

☐ I'm available to help spot a rider still in need of support during the day(s) immediately following camp. Schedules to be determined.
☐ I'm available to pack/move bike equipment after last session on last day of camp.
☐ **I will attend the Volunteer Orientation on Sunday, July 9 at 4pm.**

Volunteer Liability Release

Volunteer Name:	

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 Autism Society of Greater Akron, iCan Shine, Inc., and Rainbow Trainers, Inc. should injury or mishap occur in this regard.

I give permission for the above rider to be photographed and/or videotaped in print or electronic media by Shine or Autism Society of Greater Akron or third parties acting on behalf of Shine or Autism Society of Greater Akron. 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.

Volunteer Signature (typed signature is acceptable):	

Submission Instructions:

Complete all fields of the Form, including above Liability Release.

You can email the Registration Form to: ***icanbikeakron@gmail.com***

You can mail the Registration Form to:

Autism Society of Greater Akron
Attn: Lisa Thompson
701 S. Main Street
Akron, OH 44311