



**Volunteer Registration Form**  
June 27 – July 1, 2016  
Pratt Recreation Center  
Post Campus of Long Island University  
720 Northern Blvd., Brookville, NY 11548



Thank you for volunteering for the iCan Bike program presented by the Down Syndrome Advocacy Foundation and the Center for Community Inclusion at LIU Post. iCan Shine is a non-profit organization that teaches individuals with disabilities to ride a conventional two-wheel bicycle through its' iCan Bike program. We are pleased to bring this program to our community, and would like to thank you in advance for your contribution.

Please complete and return this form to:

DSAF

P.O. Box 12173

Hauppauge, NY 11788

or fax to DSAF: 631-343-7208 Attn: Maureen Gunderson

*If you have any questions please contact Maureen Gunderson at 516-983-7008 or dsaf03@gmail.com*

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### Personal Information

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

T-shirt Size: (circle) S M L XL 2XL      16 yrs or older (Y or N): \_\_\_\_\_

Gender: F M

Parent/Guardian name (if under 18 yrs.): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Contact Method: (circle) home cell

Street: \_\_\_\_\_

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

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### Emergency Contact Information

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

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

Relationship: \_\_\_\_\_ Best Phone: (\_\_\_\_) \_\_\_\_\_

## Volunteer Role

Please indicate which volunteer role you are interested in (must be at least 16 years old):

- Administrative Assistant: Assist in the check-in process and other administrative duties during the camp.
- 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 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 the 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

**Note:** Required volunteer orientation/training will be held Sunday, June 26, 2016, 4:00 pm - 5:00 pm

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## 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 the Down Syndrome Advocacy Foundation, Long Island University, 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 Volunteer: \_\_\_\_\_

Signature (of parent if under 18): \_\_\_\_\_

Date: \_\_\_\_\_