



Welcome Volunteer,

SPORTS for Exceptional Athletes would like to thank you for your interest in volunteering for our program. SPORTS for Exceptional Athletes (S4EA) is a community based sports program serving athletes with developmental disabilities ages 5 through adult in San Diego County. Our purpose is to create enhanced opportunities for people with and without disabilities to interact and form lasting bonds of friendship through shared sports and recreational activities in their community. S4EA offers 24 sports during 4 seasons throughout the year.

In order to volunteer/coach on a regular basis in the SPORTS for Exceptional Athletes program or chaperone at SPORTS Camp, we require volunteers to fill out a Volunteer Application and Background Check Authorization form (attached). Volunteers are also required to adhere to the S4EA Code of Conduct.

SPORTS for Exceptional Athletes contracts with Protect Youth Sports to conduct background checks on all volunteer coaches or chaperones over the age of 18. We want to ensure a safe environment for our athletes, so we check for criminal conduct and history of sexual abuse. The information that you provide in the Background Check Authorization will be held in strictest confidence and will only be used to run the background check. Your understanding is greatly appreciated.

Please return the required forms as soon as possible by email, fax or mail.

Mail to: SPORTS for Exceptional Athletes
9575 Aero Drive, Suite B
San Diego, CA 92123
Email: volunteers@s4ea.org
Fax: 858-565-7431

Thank you again for your interest in volunteering. We look forward to your participation with SPORTS for Exceptional Athletes.

Sincerely,

Clara Downes
Associate Director

SPECIAL PROGRAM OPPORTUNITIES IN RECREATION, TEAMWORK AND SPORTS

SPORTS for Exceptional Athletes, 9575 Aero Drive, Suite B, San Diego, CA 92123
Phone: 858-565-S4EA (7432) Fax: 858-565-7431 Email: sds4ea@gmail.com Website: www.s4ea.org

SPORTS for Exceptional
Athletes Code of Conduct
Revised 9/10/14

SPORTS for Exceptional Athletes (S4EA) is fully committed to safeguarding and promoting the well being of athletes, coaches, volunteers and others that participate in any S4EA activities.

At practices, tournaments, social activities, and special events, the coach to athlete ratio varies considerably. Parents and/or guardians of athletes that need a higher level of supervision will be expected to help supervise their athlete.

In order to be a part of S4EA, all participants will be expected to observe and adhere to the following code of conduct:

1. Follow all sports rules of S4EA.
2. Follow the S4EA Fair Play Guidelines.
3. Follow all laws of local, state, and federal government.
4. Illegal drugs will not be tolerated.
5. S4EA is a sports organization. Smoking should be avoided. Alcohol must be avoided at sports practices, tournaments, and SPORTS Camps (including Winter Games & other overnight events).
6. Respect the rights, dignity and worth of all participants regardless of their gender, ability, cultural background, sexual orientation, or religion.
7. Inappropriate or illegal acts by participants will warrant S4EA to take action appropriate to the offense.

Report any violations of Code of Conduct to Executive Director or Associate Director at S4EA office.



SPORTS for Exceptional Athletes
VOLUNTEER APPLICATION
 (Please print legibly)

ID Checked by: _____ Date _____
 State: _____ Exp. Date: _____

updated 2/2/11

First Name: _____ Last Name: _____ DOB: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Hm Phone:() _____ Email: _____

Cell Phone:() _____ Wk Phone:() _____ Shirt Size: _____

I prefer SPORTS for Exceptional Athletes information, newsletters, etc. be sent by: Email Mail

Auto Insurance Co.: _____ Policy # _____

I understand that if I use my personal vehicle in my volunteer service, I will arrange to keep in effect automobile liability insurance, and will not hold SPORTS for Exceptional Athletes or anyone associated with it liable.

Employer: _____ Title/Position _____

Emergency contact: _____

Name _____ Phone _____

Reason for volunteering: _____

Previous volunteer experience: _____

Areas of Interest: (check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Coaching
<input type="checkbox"/> Baseball
<input type="checkbox"/> Basketball
<input type="checkbox"/> Bocce
<input type="checkbox"/> Bowling
<input type="checkbox"/> Cycling
<input type="checkbox"/> Flag Football
<input type="checkbox"/> Floor Hockey
<input type="checkbox"/> Golf
<input type="checkbox"/> Ice Skating-Figure
<input type="checkbox"/> Ice Skating-Speed
<input type="checkbox"/> Judo
<input type="checkbox"/> Sailing | <input type="checkbox"/> Snow Sports
<input type="checkbox"/> Cross Country Skiing
<input type="checkbox"/> Downhill Skiing
<input type="checkbox"/> Snowboarding
<input type="checkbox"/> Snowshoeing
<input type="checkbox"/> Soccer
<input type="checkbox"/> Softball
<input type="checkbox"/> Swimming
<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Tennis
<input type="checkbox"/> Track & Field
<input type="checkbox"/> Volleyball
<input type="checkbox"/> Walking Club | <input type="checkbox"/> Competitions
<input type="checkbox"/> Scorekeeper/Timer
<input type="checkbox"/> Cheer Team
<input type="checkbox"/> Team Aide
<input type="checkbox"/> Referee/Umpire
Sports:
<hr/> <input type="checkbox"/> Medical Support
Type:
<hr/> <input type="checkbox"/> Set-up/Clean-up
<input type="checkbox"/> Meal Prep/Service
<input type="checkbox"/> Logistical Support | <input type="checkbox"/> Other
<input type="checkbox"/> Office/clerical
<input type="checkbox"/> Transportation
<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Board Committees
<input type="checkbox"/> Athlete/Family
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Public Relations
<input type="checkbox"/> Social Activities
<input type="checkbox"/> Sports/Competition
<input type="checkbox"/> Volunteers
<input type="checkbox"/> SPORTS Camp |
|--|---|---|---|

Other areas of interest: _____

Personal References: (please list two non-relatives)

1. _____
 Name Address City Zip Phone

2. _____
 Name Address City Zip Phone

All applicants must truthfully answer the following questions:

- Have you ever been convicted of a felony or misdemeanor? YES NO
- Have you ever been subject to any court order involving any sexual, physical or verbal abuse including but not limited to any domestic violence or civil harassment injunction or protective order? YES NO
- Do you use illegal drugs? YES NO
- Has your driver license ever been suspended or revoked? YES NO

If yes, describe each in full. List offenses giving dates and in which city, county and state each took place.



**SPORTS for Exceptional Athletes
VOLUNTEER APPLICATION**

First Name _____ Last Name _____

Volunteer Terms and Conditions:

1. I hereby acknowledge that volunteer activities may involve risk of injury or harm and that I am willing to assume this risk.
2. I understand that I may decline any volunteer role or position at any point if I feel my health may be jeopardized.
3. In consideration of my being accepted as a volunteer for SPORTS for Exceptional Athletes, I hereby release SPORTS for Exceptional Athletes and its officers, directors, volunteers, agents, contractors, supporters, or any other person associated with SPORTS for Exceptional Athletes, from any and all claims, damage, or injury that I may suffer as a result of volunteering for SPORTS for Exceptional Athletes. In addition, I hereby agree to indemnify, defend and hold SPORTS for Exceptional Athletes harmless from any and all claims for loss, damage (including attorneys' fees and costs, including, but not limited to experts and consultants' fees), liability, death, or injury to the person or property arising from or related to my volunteering for SPORTS for Exceptional Athletes.
4. I hereby authorize SPORTS for Exceptional Athletes to act on my behalf in accordance with their best judgment in case of an emergency, and agree to assume full responsibility for all medical expenses that may arise there from.
5. I hereby grant SPORTS for Exceptional Athletes, its affiliates, franchises, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right to use, publish, display and distribute materials bearing my name, voice, likeness or any other identifiable representation of me. These materials may appear in any form, style, color or medium whatsoever (including photographs, videotapes, films, sound recording software, drawing, prints, broadcast, internet and electronic media). I agree that all material containing any identifiable representation of me shall be and remain the sole and exclusive property of SPORTS for Exceptional Athletes. I hereby release and forever discharge SPORTS for Exceptional Athletes from any and all liability and damages relating to the use of my name, voice and any other identifiable representation of me. I have agreed to the above in consideration of the opportunity given to me by SPORTS for Exceptional Athletes to appear in these materials.
6. I hereby authorize SPORTS for Exceptional Athletes to schedule and complete a personal background check, including sexual abuse and criminal history.
7. I agree to adhere to the S4EA Code of Conduct. (Available for download on the S4EA website.)
8. By signing this document, I acknowledge that I have read its contents and disclosures, that I understand its contents and disclosure, and that I agree with its terms.

Signature: _____ Date: _____

If under 18, Signature of Legal Guardian: _____ Date: _____

Please return completed Volunteer Application, together with the Consent for Background Check to:

SPORTS for Exceptional Athletes
9575 Aero Drive, Suite B
San Diego, CA 92123
Phone: 858-565-S4EA (7432)
Fax: 858-565-7431
E-mail: volunteers@s4ea.org
Website: www.s4ea.org

CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street)

(City) (State/ Zip)

Previous Address From: _____
(Mo/Yr) (Street)

(City) (State/ Zip)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **SPORTS for Exceptional Athletes** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to **SPORTS for Exceptional Athletes** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

SPORTS for Exceptional Athletes and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:
Please check the box below if you wish to receive a copy of a consumer report that is requested.
 I wish to receive a copy of any Background Check Report on me that is requested.



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

SPORTS for Exceptional Athletes (S4EA) has put in place preventative measures to reduce the spread of COVID-19; however, S4EA **cannot guarantee** that you or other members of your family will not become infected with COVID-19. Further, **attending S4EA and S4EA events could increase** your risk and your family's risk of contracting COVID-19.

Name of Athlete, Volunteer, or Supporter _____ (please print legibly)

To help stop the spread of COVID-19, S4EA would like everyone (age 12 & above) participating in S4EA activities to have been vaccinated.

Date of 1st Vaccine: _____, Date of 2nd Vaccine: _____, Vaccine Brand: _____
(Pfizer, Moderna, Johnson & Johnson)

Booster Date: _____, Booster Brand: _____

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that me and my family may be exposed to or infected by COVID-19 by attending and/or participating in S4EA and S4EA events and that such exposure or infection may result in personal injury, illness, permanent disability, physical and mental harm, pecuniary losses, medical expenses, loss of income, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at S4EA may result from the actions, omissions, or negligence of myself and others, including, but not limited to S4EA employees, officers, volunteers, coaches, managers, officials, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any and all injury and losses to my family or myself including, but not limited to personal injury, illness, permanent disability, temporary disability, physical and mental harm, death, economic losses, medical expenses, loss of income, and all other damages, losses, and expenses of any kind, that I or my family may experience or incur in connection with my family's or my attendance at S4EA or participation in S4EA programming ("Claims").

On my behalf, and on behalf of my family, I hereby release, covenant not to sue, forever discharge, and forever hold harmless S4EA, and all of their officers, directors, officials, employees, volunteers, agents and representatives, all sponsoring agencies, all sponsors and advertisers, all other participants of S4EA, the owners and lessors of the premises used to conduct S4EA events, and all other persons and entities, of and from all Claims and losses, including all liabilities, claims, actions, causes of action, losses, harm, injuries, damages, costs and/or expenses of any kind arising out of or relating to the attending or participation in S4EA and S4EA events. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of S4EA, its employees, agents, volunteers, officers, and representatives, whether a COVID-19 infection occurs before, during, or after attending or participating in any S4EA program.

I have read and agree to follow the [S4EA Sports Practices Rules & Guidelines during Coronavirus Pandemic](#).

Signature _____ Date _____
Parent/Guardian/Responsible Person or Athlete/Volunteer/Supporter if 18 or older

Relationship to Athlete/Volunteer/Supporter _____ Phone _____

Please return completed COVID-19 Waiver of Liability to:

SPORTS for Exceptional Athletes
9575 Aero Drive, Suite B
San Diego, CA 92123
Phone: 858-565-7432, Fax: 858-565-7431, Email: sds4ea@gmail.com, Website: www.s4ea.org