



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 over 20 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 Consent for Background Check Authorization/ Waiver/Indemnity form (attached). Volunteers are also required to adhere to the S4EA Code of Conduct.

SPORTS for Exceptional Athletes contracts with the National Center for Safety Initiatives to conduct background checks on all volunteer coaches or chaperones over the age of 18. (A copy of 'A Summary of your Rights Under the Fair Credit Reporting Act' and 'Notice Regarding Background Investigation Pursuant to California Law' are available on request.) We want to ensure a safe environment for our athletes, so we check for criminal conduct and sexual abuse. The information that you provide in the Consent for Background Check Authorization/Waiver/Indemnity 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: sds4ea@gmail.com
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

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. Since S4EA is a sports organization, smoking and drinking should be avoided anywhere near the sports venues.
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**

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: sds4ea@gmail.com
Website: www.s4ea.org

CONSENT FOR BACKGROUND CHECK AUTHORIZATION/WAIVER/INDEMNITY

I hereby give my full consent and permission to **SPORTS for Exceptional Athletes** in order to obtain information relating to my criminal history and any other applicable records through National Center for Safety Initiatives LLC and their agents. The records as received by the reporting agencies may include but not limited to arrest, conviction, social security verification and/or driving records as well as plea bargains, deferred adjudications, and delinquent conduct committed as a juvenile. I understand that this information will be used in part to determine my eligibility for a volunteer or staff/board position within this organization. I also understand that as long as I remain in such capacity here, the above mentioned record checks may be repeated at any time. I understand that I will have an opportunity to review the records as received by **SPORTS for Exceptional Athletes** and a procedure is available for clarification, if I dispute the records that have been received. I also understand that the records SPORTS for Exceptional Athletes received could contain information presumed expunged.

I, the undersigned, do for myself, my heirs, executors and administrators, hereby remise, release, and forever discharge and agree to indemnify National Center for Safety Initiatives LLC and **SPORTS for Exceptional Athletes**, each of their officers, directors, employees, volunteers and agents and hold them harmless from and against any and all causes and actions, including but not limited to: suits, liabilities, costs, debts, and sums of money, claims, and demands whatsoever and any and all related attorney's fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to serve.

Applicants from Minnesota & Oklahoma:

Please check this box if you wish to receive a copy of a consumer report if one is obtained by the company.

Applicants from California:

By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE CONSENT FOR THE ABOVE RECORD CHECKS AND THAT I ACCEPT AND SIGN THIS FORM VOLUNTARILY.

Applicant's Legal Name Including First, Middle, Last Name and Suffix:

| | | |
|--|--|--|
| | | |
|--|--|--|

Applicant's Aliases / Maiden Names:

Social Security Number:

Date of Birth:

| | | |
|--|--|--|
| | | |
|--|--|--|

Current Address:

| |
|--|
| |
|--|

City:

State:

Zip:

| | | |
|--|--|--|
| | | |
|--|--|--|

Day Time Telephone Number:

Drivers License Number:

State:

Exp. Date:

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Signature:

Date:

| | |
|--|--|
| | |
|--|--|

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

SPORTS for Exceptional Athletes

9575 Aero Drive, Suite B

San Diego, CA 92123

Phone: 858-565-7432/Fax: 858-565-7431/E-mail: sds4ea@gmail.com /Website: www.s4ea.org