



Volunteer Registration Form
July 26-30, 2010
Band of Angels Bike Camp

Thank you for volunteering for the Lose the Training Wheels™ bike camp presented by *Band of Angels*. We are pleased to bring this program to our community, and would like to thank you in advance for your contribution.

The camp will be held at:

Bethesda Christian Church, 14000 Metropolitan Parkway, Sterling Heights, MI 48312

Please complete and return forms to:

Band of Angels

3048 Charlwood Drive

Rochester Hills, MI 48306

or fax to: *Band of Angels* Attn: *Liz Cocozzo*

Fax# 248-230-3146

If you have any questions please contact Liz Cocozzo at liz@bandofangels.com

Personal Information

Volunteer First Name: _____ Last Name: _____

T-shirt Size: (circle) S M L XL 2XL Birth date: _____

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

Home Phone: () _____ Cell Phone: () _____ Office Phone: () _____

E-mail Address: _____ please print

Preferred Contact Method: (circle) home phone cell email

Street: _____

City: _____ State: ____ Zip: _____

Emergency Contact Information

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

Name: _____ Relationship: _____

Phone Number: () _____ Alternate Phone Number: () _____

Volunteer Role

Please indicate which volunteer role you are interested in:

Administrative Assistant: This individual will assist in the check-in process and other administrative duties during the camp.

Spotter: This individual will run alongside a child as they are learning to ride a bike. They will provide physical support and encouragement.

Your Commitment

Please indicate the times when you will be available to volunteer. Please note that we ask you to commit to working the entire week of the camp for the session(s) you select.

In addition, a mandatory training session will be held on Sunday afternoon, July 25th at the camp location. You will be contacted via email with further updates and reminders.

The rationale for having you commit to all 5 days are twofold:

- It is much more comfortable for the camper to have a familiar face each day assisting them. Campers bond with their volunteers and rely on the same person to be there each day to help them learn to ride. It is also very rewarding for the volunteer to see the daily progress their camper is making.
- Secondly, with over 50 volunteers needed each day it would be overwhelming and time consuming to train new people on a daily basis.

It is important that you arrive 15 minutes prior to your session start time for a daily briefing.

8:15 am – 9:30 am

9:50 am – 11:05 am

11:25 am – 12:40 pm

1:45 pm – 3:00 pm

3:20 pm – 4:35 pm

Optional Information

What is your profession? _____

Do you have experience working with individuals with disabilities? ____ If yes, please explain:

What is your reason for volunteering with Band of Angels, Lose The Training Wheels™ camp?

**Band of Angels
Volunteer
Bike Camp Liability Release Form**

Program: Lose the Training Wheels™ hosted by Band of Angels

Description: A weeklong bike program that uses adapted equipment to help individuals with disabilities learn to ride a two-wheel bicycle.

I hereby expressly acknowledge that volunteering at Lose the Training Wheels bike program, like many activities involves movement and physical activity, and that injury or mishap are possibilities in spite of all reasonable safeguards and precautions taken. As parent/guardian/participant I accept such risks as reasonable and proper, and agree to hold harmless the staff and volunteers of Band of Angels, Lose the Training Wheels, Inc., Rainbow Trainers, Inc., and Bethesda Christian Church should injury or mishap occur.

I give permission for my child/myself to be photographed and/or videotaped by a Band of Angels representative or media for use in publicizing Lose the Training Wheels in print or electronic media. I acknowledge and agree that my child's/my participation in photographs and videos may be edited and used in whole or in part as desired for this program, which may be produced, duplicated, distributed and used for informational purposes. I understand and authorize the use of my child's/my name or identity in writing or otherwise in association with such purposes. I understand that photographs and video become the property of Band of Angels without compensation to my child/me.

I understand that information provided by me to Band of Angels and Lose the Training Wheels, Inc. will be used to run the camp effectively relative to appropriate matching with a program participant or other camp operations. I acknowledge that Lose the Training Wheels, Inc. may contact me in the future for follow-up information pertaining to my involvement in the program.

Name of Volunteer (please print) _____

Parent or Guardian Signature (if volunteer is under 18) _____

Parent or Guardian (please print) _____

Address _____

City/State/Zip _____

Email _____

Date _____

