



VOLUNTEER REGISTRATION FORM

Monday, June 22 to Friday, June 26, 2020

Churchville Parks & Recreation Building
3023 Level Road | Churchville, Maryland



VOLUNTEERS!

Looking for a fun way to support Harford County Bike Camp? Register to be a volunteer and experience the thrill of giving the gift of riding a bike! As a volunteer you need no prior experience working with people with disabilities. Volunteer requirements are:

- Must be at least 15 years old.
- Must be able to volunteer for 90 minutes during the same session each day of the 5 day camp. This includes 15 minutes of training and daily debriefing as well as the 75 minute session
- Must be able to provide physical, emotional and motivational support to the assigned rider
- Must be able and willing to get some exercise for a great cause including light jogging/running.

VOLUNTEER INFORMATION

First Name _____ Last Name _____

Age _____ Gender _____ T-Shirt Size _____

Email _____

Cell Phone _____

Home Address _____

Emergency Contact Name _____ Emergency Contact Phone _____

Prior experience if applicable (Have you ever participated in Bike Camp before? Do you have any experience with children or adults with differing abilities?)

VOLUNTEER ORIENTATION

Please plan to attend a 45-minute orientation on Sunday, June 21 at 4:00 p.m. at the Churchville Parks and Recreation Building, 3023 Level Road, Churchville, MD. During this orientation, you will learn about how the ICan Bike program operates and what to expect each day in your role as a volunteer spotter. You will receive training tips on spotting your assigned rider. There will also be an opportunity to ask questions and meet other volunteers in your session.

Please plan to arrive each day of camp 15 minutes prior to your session start time for a daily strategy and briefing session.



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VOLUNTEER ROLE

SPOTTER

As a spotter, you will walk, jog or run alongside a rider as they are learning to ride a bike during a 75-minute session (with short breaks) for the 5 days of camp Monday through Friday. You will provide encouragement and physical support as needed.

Please check the box below indicating your highest level of fitness:

- I can jog at a vigorous pace for one hour with short breaks.
- I can jog at a moderate pace for one hour with short breaks.
- I can jog at a moderate pace for 30 minutes with short breaks and walk fast the remaining 30 minutes with short breaks.
- I can walk fast for one hour with short breaks.
- I can walk fast for 30 minutes with short breaks and walk the remaining 30 minutes at a moderate pace with short breaks.
- I can walk steadily for one hour with short breaks.

Please comment below on your physical limitations, prior experience with children with disabilities, etc.

SESSION SELECTION

NOTE: Volunteer spotters will walk, jog or run approximately 3 miles during EACH 75-minute session. Please keep this in mind if volunteering for multiple sessions. Unless you are very athletic, please do not volunteer for more than two (2) sessions per day.

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 each day of camp.

Please check the box(es) indicating the 75-minute session(s) you would like to volunteer:

- Session #1: 8:30 - 9:45 a.m.
- Session #2: 10:15 - 11:30 a.m.
- Session #3: 12:30 - 1:45 p.m.
- Session #4: 2:15 - 3:30 p.m.
- I'm available to help spot a rider still in need of support during the day(s) and immediately following camp.
- I'm available to help pack-up/move the bike equipment after the last session of the last day of camp.

Please comment on day you can not attend, will be arriving late, etc.



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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 Harford County Maryland, 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.

Volunteer Signature _____

Submission Instructions

Please e-mail this completed Volunteer Registration form, including the above Liability release to Rachel Harbin at raharbin@harfordcountymd.gov or mail to:

Rachel Harbin
Harford County Office of Disability Services
Department of Community Services
125 N. Main Street
Bel Air, MD 21014

Questions? Contact Rachel Harbin at 410-638-3373 or disability@harfordcountymd.gov.