

## TASK VOLUNTEER EXPECTATIONS AND CODE OF CONDUCT

Thank you for volunteering for the TASK program. I appreciate you donating your time and energy to help us reach children with special needs who want to participate in athletics and social activities. I hope you enjoy yourself. Please read the following information and familiarize yourself with it, sign and return to the address listed at the bottom of this sheet. If you have any questions about this information or anything else, please don't hesitate to ask. Again, thank you for volunteering!  
- Jennifer Pranger, Volunteer Director

TASK provides services to children with many different types of disabilities or a combination of them. You could possibly work with children who are diagnosed with:

- *Anxiety Concerns*
- *Asthma*
- *Austism/Asperger's*
- *Balance Concerns*
- *Behavior Concerns*
- *Cerebral Palsy*
- *Cognitive Concerns*
- *Corrdination Concerns*
- *Down Syndrome*
- *Hearing Impairments*
- *Language Impairments*
- *Learning Disabilities*
- *Physical Impairments*
- *Seizure Disorders*
- *Speech or Communication Concerns*
- *Tourette's Disorder*
- *Vision Impairments*

### As a TASK Volunteer I agree to:

- Be prompt. Please show up at least 20 minutes before the scheduled event to help set up equipment.
- Ask for help if you need it.
- If there is inclement weather, call (314)845-3641 and press #2 to hear if we are meeting or not.
- Provide for the general welfare, health and safety of all TASK athletes and volunteers.
- Dress and act in an appropriate manner at all times.
- Follow the established rules and guidelines of TASK and/or any agency involved with TASK.
- Report any emergencies to the appropriate authorities after first taking immediate action to ensure the health and safety of the participants.
- Abstain from the consumption or use of all alcohol, tobacco products and illegal substances while working with TASK athletes or while involved with TASK programs.
- Not engage in any inappropriate contact or relationship with athletes, volunteers or other participants of TASK

### Expectations when working with your athlete...

- Initiate athlete participation. Some athletes might need to be talked into playing or invited to play.
- Be enthusatic while working with your athlete - don't just stand around. Smile and enjoy yourself. If you have fun, he/she will too.
- Encourage participation and team cooperation- be a cheerleader for all the athletes.
- Treat all athletes with respect.
- Be a role model- lead by example.
- If your athlete runs or leaves the area, follow him or her.
- Always be with and supervise your athlete. If he/she needs to go to the restroom, let a head coach know. Don't send anyone by themselves anywhere.
- Your main socialization should be with your athlete - not with the other volunteers. Assisting your athlete comes first.

### \*\*\*\*IMPORTANT\*\*\*\*

**Some of our athletes have seizure disorders or other health concerns. If you will be working with one of these athletes, we will let you know. Regardless, if you see any athlete having a seizure or having a medical concern, (1) call for help right away, (2) move all athletes to another area away from the individual with the concern and (3) don't panic. We have people who are knowledgeable and trained on how to deal with seizures and other medical issues.**

By signing below, you are saying that you have read and agreed to the above expectations and code of conduct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



<b>Office Use</b>	
Date:	_____
BC date:	_____
Approved	Denied

VOLUNTEER APPLICATION (for Minors) CONFIDENTIAL

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Suffixes: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Permanent Address: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

PLEASE READ BEFORE SIGNING

- I grant Team Activities for Special Kids permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Team Activities for Special Kids.
- In the course of volunteering for Team Activities for Special Kids, I understand I may be dealing with confidential information and I agree to keep said information in the strictest confidence.
- The relationship between Team Activities for Special Kids and volunteers is an 'at will' arrangement that may be terminated at any time without cause by either the volunteer or Team Activities for Special Kids.
- I understand that it is my responsibility to notify Team Activities for Special Kids of any change of information provided in this application during the time I serve as a Team Activities for Special Kids volunteer.
- I affirm that I have read and understand the above and that the information I have given is true and complete.

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

TWO (2) REFERENCES (reference to exclude relative or legal guardian)

#1 - By signing below, I confirm the following:

I know \_\_\_\_\_ (applicant) in either a personal or professional capacity.

1. I am at least 18 years of age and not a legal guardian or relative of applicant.
2. I am not aware of any reason that the applicant should not be permitted to volunteer in behalf of Team Activities for Special Kids.
3. I do not possess any information that would cause me to believe the applicant would pose any undue risk to a Team Activities for Special Kids athlete or others who participate in Team Activities for Special Kids.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Day Phone Number: ( ) \_\_\_\_\_

#2 - By signing below, I confirm the following:

I know \_\_\_\_\_ (applicant) in either a personal or professional capacity.

1. I am at least 18 years of age and not a legal guardian or relative of applicant.
2. I am not aware of any reason that the applicant should not be permitted to volunteer in behalf of Team Activities for Special Kids.
3. I do not possess any information that would cause me to believe the applicant would pose any undue risk to a Team Activities for Special Kids athlete or others who participate in Team Activities for Special Kids.

Signed: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Day Phone Number: ( ) \_\_\_\_\_

The above information is strictly confidential and will be used ONLY for Team Activities for Special Kids sanctioned events.

Signature of Parent or Guardian: \_\_\_\_\_

How did hear of TASK?

Friend     School     Work     Internet     Other \_\_\_\_\_

Do you have experience working with individuals with special needs?     Yes     No

If yes, please briefly explain:

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Attach copy photo or photo ID

1. Please make sure to completely fill out this 3 page application.
2. Make sure to attach a state ID with photo
3. Return to:  
TASK  
C/O Greg Davenport  
980 Horan Drive  
Fenton, MO 63026