



## Volunteer Registration Form

July 26-30, 2010

Conard High School

110 Beechwood Road, West Hartford, CT



Thank you for volunteering for the Lose the Training Wheels™ bike camp presented by *Kiwaniis Club of West Hartford* and *West Hartford Human & Leisure Services*. We are pleased to bring this program to our community, and would like to thank you in advance for your contribution.

Please complete and return form to [tgpeol@comcast.net](mailto:tgpeol@comcast.net)  
If you have any questions please contact Tom Proietti at 860-561-0313 or [tgpeol@comcast.net](mailto:tgpeol@comcast.net)

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### Personal Information

Volunteer First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
T-shirt Size: (circle) XS S M L XL 2XL Birth date: \_\_\_\_\_  
Parent/Guardian name (if under 18 yrs.): \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Preferred Contact Method: (circle) home phone cell email  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

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### Emergency Contact Information

In the event of an emergency, who would you like contacted?  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Phone Number: (\_\_\_\_) \_\_\_\_\_

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### 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.

### Please determine your highest level of fitness:

- I can jog at a moderate pace for one hour with short breaks
- I can walk fast for one hour with short breaks
- I can walk steadily for one hour with short breaks
- I cannot walk at a steady pace for one hour with short breaks

## 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. Campers bond with their volunteers and rely on the same person to be there each day to help them learn to ride. **It is important that you arrive 15 minutes prior to your session start time for a daily briefing.**

- Session I - 8:00am-9:15am
  - Session II - 9:30am – 10:45am
  - Session III - 11:00 am – 12:15 pm
  - Session IV - 1:30pm – 2:45pm
  - Session V - 3:00pm-4:15pm
  - Volunteer training Sunday (location & time TBD)
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## 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 Lose The Training Wheels™?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Volunteer Release Form

**Program:** Lose the Training Wheels™

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

I give permission for my child/myself (print name below)

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To be photographed and/or videotaped by a *West Hartford Kiwanis* representative or media for use in publicizing the above mentioned program in print or electronic media. I acknowledge and agree that 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 that photographs and video become the property of your organization without compensation to me. I understand and authorize the use in writing or otherwise the name or identity of the above participant.

By signing, I hereby expressly acknowledge that volunteering at a Lose The Training Wheels™ bike program, like many activities 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. I accept such risks as reasonable and proper, and agree to hold harmless the principals & staff of Kiwanis Club of West Hartford, the Town of West Hartford, Lose the Training Wheels, Inc., and Rainbow Trainers, Inc. should injury or mishap occur.

Signed \_\_\_\_\_  
(Signature of parent/ guardian If volunteer is under 18 years of age.)

Print Name \_\_\_\_\_

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