

What: Orange County Bike Camp '11 Volunteer Opportunities
Where: Soka University, 1 University Dr., Aliso Viejo, CA 92656
When: Monday, August 1 – Friday, August 5, 2011



The **Orange County Bike Camp '11** is a collaborative project between the Down Syndrome Association of Orange County and United Cerebral Palsy of Orange County. Utilizing adaptive bike riding techniques, adaptive bike equipment, and staff from Lose The Training Wheels, Inc., DSAOC and UCP-OC will host this exciting, week-long experience for 40 children and adults with disabilities. Past camps held across the U.S. boast an 82% success rate in helping riders gain the skills and confidence needed to ride a 2-wheeler!

Volunteer Requirements:

- We will need 12 – 15 volunteers per session.
- Volunteers must be at least 16 years old by August 1, 2011
- Spotters must be physically fit and able to maintain a jogging pace for 15 minutes.

Spotter Job Description:

By volunteering as a Spotter with the Orange County Bike Camp '11, you are offering your time to support a rider as they accomplish a goal they may have given up on: riding a 2-wheeler bike without training wheels, opening the doors toward inclusion and independence in the community. A Spotter is someone who is matched with a rider each session to provide physical support and emotional encouragement. This is a physically rigorous activity. You will follow the instructions of the Camp Director and Floor Supervisor as you help the rider. This job requires that you be patient and understand that this rider is undertaking a very difficult task. The rewards will be self-evident!

Other Volunteer Jobs:

We will need 2 volunteers per session to run our check-in table and handle miscellaneous duties.

We prefer that volunteers sign up for the same session for the entire week, rather than several sessions for one day. You may also sign up for more than one session. This allows the participants stability in their environment and allows the Spotter to experience the rider's success from beginning to end. It also gives us a chance to train our Spotters throughout the week, as the task gets more complicated as the rider progresses.

Volunteer Application Form

First Name: _____ Last Name: _____
 Street: _____
 City: _____
 State: _____ Zip: _____
 Phone: _____ Email: _____
 Emergency Contact Name and Phone Number: _____

I am interested in: Spotter Check-in
 I am applying as: an individual a member of a group or team

Organization (e.g. school or company): _____

Volunteer Contact for group: _____

Birth date: _____ T-Shirt Size: _____ (Adult size: sm, med, lg, xl, xxl)

Please mark the time blocks you would like to volunteer. ***Please sign up for one session for the entire week (or more if you are available).***

	Monday (Aug. 1)	Tuesday (Aug. 2)	Wednesday (Aug. 3)	Thursday (Aug. 4)	Friday (Aug. 5)
Session 1 (8:30 – 9:45)					
Session 2 (10:05 – 11:20)					
Session 3 (11:40 – 12:55)					
Session 4 (2:00 – 3:15)					
Session 5 (3:35 – 4:50)					

Volunteers must attend the volunteer training session the evening before the camp. Sunday, July 31 from 3:30pm – 5:00pm at Soka University, 1 University Dr., Aliso Viejo, CA 92656

Please mail or fax this form by July 22 to:
 Kristin Abbas
 Down Syndrome Association of Orange County
 151 Kalmus Dr. Ste M-5
 Costa Mesa, CA 92626
 FAX: 714-540-5872 Phone: 714-540-5794
 Email: kabbas@dsaoc.org

 Signature Date



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)

To be photographed and/or videotaped by a *DSAOC/UCP* 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 *DSAOC/UCP* 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: _____