



Miracle League of Stanislaus County

Fall 2017

Volunteers:

There is nothing more heartwarming than to see children playing America's pastime. But for children facing serious physical and mental disabilities, that opportunity isn't always easy to achieve. Baseball diamonds are not exactly designed for athletes with wheelchairs or crutches in mind. With your help, we can remove these barriers and allows these special athletes to experience the joy of playing baseball.

Miracle League fields remove the obstacles that arise from the natural grass fields used in conventional youth facilities. Miracle League teams play on a custom-designed, rubberized surface field which will accommodate wheelchairs and other assistive devices. In other words, it levels the playing field where children can hit, run and catch - just as they envisioned in their dreams!

The Miracle League of Stanislaus County provides a community outreach for volunteers from young and old to benefit from the action on the field. Through the "buddy" program, youth and community volunteers partner with our players to provide assistance and encouragement. The partnership benefits both sides as they share the great American pastime to find common ground and, most importantly, friendships.

Miracle League will run a six (6) week season starting September 9th and ending October 14th. Schedules will be released after registration is closed.

***Please return this completed and signed form to Miracle League C/O Society for disABILITIES 1129 8th Street, Ste. 101, Modesto, CA 95354
Phone: (209)900-4515 Fax: (209)524-1205 miracleleaguemodesto@gmail.com***



Miracle League Volunteer Application

Name _____ Age: _____ Birthdate: _____

Mailing Address: _____ City: _____ Zip: _____

Phones: Home: _____ Cell: _____ Work: _____

Email Address **REQUIRED:** _____

How would you like to help? Coach Buddy* Team Parent Mascot

*As a buddy you will be paired with a player on the field.

Have you volunteer for Miracle League before? Yes No If yes, when? _____

Shirt Size: Sm Med Lrg XL 2XL Other _____

Emergency Contact

Name: _____ Relationship: _____

Phones: Home: _____ Cell: _____ Work: _____

Parents Email **REQUIRED**** _____

Please list medications, health cautions, allergies, dietary restrictions and any special instructions

Family Doctor

Name: _____ Phone: _____

Name of Insurance Company _____ Plan #: _____

Volunteer Signature: _____

Parent Signature** _____

**** If volunteer is under 18**

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VOLUNTEER BACKGROUND

First Time Applying: Yes No

If No, Date of last Back Ground Check: _____

If Yes, Fill out BACKGROUND CHECK CONSENT FORM below

VOLUNTEER BACKGROUND CHECK CONSENT FORM

***Must be completed by volunteer 18 years or older only**

I, _____ (applicant name) hereby authorize Society for disABILITIES & Miracle League of Stanislaus County to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy or any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the Society for disABILITIES & Miracle League of Stanislaus County receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

Volunteer Signature: _____ Date _____

Full Name of Applicant:

(please include middle name) _____

Age (Must be 18 and over): _____ DOB: _____ Sex: _____ Race: _____

Social Security #: _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____

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Miracle League Volunteer Waiver and Release of Liability

I request to be allowed to volunteer for the Society for disABILITIES & Miracle League of Stanislaus County, and agree to the following:

1. I acknowledge and fully understand that as a volunteer, I will be engaging in activities that may involve risk of serious injury, including permanent disability and death. I am aware of the many dangers and inherent risks in the sport of baseball including without limitation: risks of collision with objects and or falling. I also acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
2. I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
3. Myself and my family release, waive, discharge and promise not to sue Society for disABILITIES or Miracle League of Stanislaus County, its volunteer instructors and director, its staff, executive director, and board of directors, and other participants of *Miracle League* for any personal injury, property damage, or other damages that may arise from my participation in *Miracle League* regardless of whether such injury or damage is caused by negligence or carelessness of the *Miracle League*.
4. I agree that photographs and/or my name, may be published in, or used by Society for disABILITIES and any of the media or mass communication (including newspapers, magazines, television, pamphlets, brochures, newsletters, reports, social media, etc.) without any liability on the part of Society for disABILITIES & Miracle League of Stanislaus County.
5. I agree that the staff and volunteers of Society for disABILITIES and Miracle League of Stanislaus may authorize emergency medical treatment for myself, up to and including emergency hospitalization and surgery. I give the Society and volunteers' the right to determine the appropriate medical facility/provider in the absence of the parent. I agree to be personally responsible for any related medical expenses.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Parent Signature** _____ Date: _____

**** If volunteer is under 18**

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