

**Explore the Rock Volunteer Application**

On behalf of Kodiak Area Native Association’s Meth and Suicide Prevention Initiative and Healthy Tomorrows, we invite you to become a volunteer in our ‘Explore the Rock’ summer youth adventure. This exciting summer program engages teens in weekly outdoor activities that will promote physical activity and teach valuable skills.

This program will span 10 weeks starting Thursday, June 2nd through Thursday, August 11th, with no event being held Thursday, July 7th due to the 4th of July holiday. Students entering 6th through 12th grade will be invited to participate in weekly hikes with volunteers recruited from the Kodiak community. Hiking trips will be between five and six hours, including transit time to and from the hike location, on Thursdays, and will be led by KANA staff and community volunteers.

With your support, we can provide Kodiak’s youth with positive role models and a deeper appreciation of adventure waiting in our extended back yard. *A volunteer DOES NOT have to commit to all 10 weeks.* You can come to one or two, or sign up for all of them. We do ask that you commit to your volunteer spot in advance and give us notice if you cannot make it so we can find other chaperones.

We will invite our community volunteer experts to teach basic survival skills: how to start a fire, build a shelter, the importance of bear safety, and first aid skills, among others. We will also incorporate traditional Alutiiq words and phrases as well as the various uses of flora and fauna and other skills necessary in our island environment.

*As an adult volunteer for the Explore the Rock program, you are expected to:*

1. Demonstrate behaviors appropriate for a positive role model for youth.
2. Offer support and guidance to Junior leaders (trained teen leaders).
3. Understand the rules of the program and be willing to enforce those rules as appropriate. We have an attached Statement of Conduct that each student must sign prior to attending the program.
4. If qualified and necessary, the volunteer must be willing to assist with first aid and offer knowledge of environment, culture, and safety.
5. Be mindful of your speed; stay with the group of youth you were assigned and maintain communication with the rest of the group.
6. Volunteers may be asked to carry safety equipment or other items when necessary.
7. Seek to actively listen to youth; you may learn something from them!
8. Volunteers work together; always interact with youth with another volunteer present.
9. If a child reports an incidence of child abuse to a volunteer; the volunteer MUST report it to a KANA employee immediately.
10. Report any conflicts, incidents, or concerns to KANA staff as soon as appropriate!

***Please click on lines to type or hand write***

Volunteer Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Application and Agreement**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Personal***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you previously worked for KANA? [ ]  Yes [ ]  No

 If “yes”, indicate dates, department, and position:

Are you currently employed with KANA: [ ]  Yes [ ]  No

 If “yes”, indicate dates, department, and position:

Do you have any relatives or household members employed with KANA? [ ]  Yes [ ]  No

 If “yes”, indicate dates, department, and position:

Are you at least 18 years of age? [ ]  Yes [ ]  No

Can you preform the essential functions of the volunteer position you are applying for with or without reasonable accommodation, including its work attendance requirements? [ ]  Yes [ ]  No

***Background Information***

Have you ever been convicted of a felony? [ ]  Yes [ ]  No

If “yes”, please explain:

Have you ever been convicted of a misdemeanor? [ ]  Yes [ ]  No

If “yes”, please explain:

Initials The Kodiak Area Native Association (KANA) requires a background check as a condition of any volunteer and/or employment position. The information provided on this application will be used to perform a criminal background check and character evaluation. You have the right to obtain a summary of the criminal history report made available to KANA and to challenge the accuracy and completeness of the information in the report. An FBI check, including fingerprints, will be required as a condition of employment. Retention in any position is contingent upon satisfactory results from this investigation.

Initials KANA is a Drug Free Workplace requiring pre-employment, reasonable suspicion, and random drug and alcohol screening of all volunteers and employees.

Other Knowledge, Skills, and/or Abilities that could assist with this position:

Do you possess a valid driver’s license: [ ]  Yes [ ]  No

***Availability***

Please review and check the days you are available.

|  |  |  |  |
| --- | --- | --- | --- |
| **Check if Available** | **Hike Date** | **Hike Location** | **Special Topic** |
|[ ]  **Thurs, June 2** | Abercrombie Trail System | CPR/First Aid |
|[ ]  **Thurs, June 9** | Boy Scout Lake | Bear Safety |
|[ ]  **Thurs, June 16** | Near Island Trail System | Edible Plants |
|[ ]  **Thurs, June 23** | Termination Point/White Sands | Survival Skills |
|[ ]  **Thurs, June 30** | Pillar Mountain – Alpine Trail | Nutrition/Fitness |
|[ ]  **Thurs, July 14** | Buskin Lake/River | Invasive Species |
|[ ]  **Thurs, July 21** | American River/Saltery Road | Fishing |
|[ ]  **Thurs, July 28** | Pillar Mountain – Swampy Acres | Navigation/Map Reading |
|[ ]  **Thurs, Aug. 4** | Barometer | Mentorship; Communication Skills |
|[ ]  **Thurs, Aug. 11** | Pyramid | Mentorship; Communication Skills |

 ***Applicant’s Certification***

I certify, understand, and agree that the facts described in the Volunteer Application are true. I understand that if my volunteer application is approved, any false statements, omissions, or misrepresentations in this application will be sufficient cause for cancellation of the application and/or immediate dismissal from KANA.

I further understand that this is an application to volunteer at KANA and that no employment contract is being offered or promised. I understand that no representative of KANA has the authority to make any assurance to the contrary.

I hereby authorize KANA to investigate my past and present work, character, and education records to ascertain any and all information, which may be pertinent to my employment qualifications. I release from all liability or responsibility all persons and corporations requesting or supplying such information.

KANA is an equal opportunity employer exercising Alaskan Native/American Indian preferences in hiring as authorized by P.L. 93-638. KANA does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant’s consideration for a volunteer position on a basis prohibited by local, state, or federal law.

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

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

Please return your application to the front desk located on the 2nd floor of the

KANA Main Building located at 3449 East Rezanof Drive.
Applications may also be emailed to Matthew Kozak at

Matthew.Kozak@kodiakhealthcare.org

**For help registering or for other questions please contact:**

Matthew Kozak

MSPI/DVPI Program Specialist

Kodiak Area Native Association

Matthew.Kozak@kodiakhealthcare.org

Phone: (907) 486-9865

**STATEMENT OF CONDUCT**

**YOUTH PARTICIPANT & PARENT/GUARDIAN MUST SIGN**

I understand that when I attend Explore the Rock 2016 I will comply with this agreement:

* I will stay with the group at all times.
* I will respect the adults attending the hikes by following directions.
* I will not criticize or make fun of other group members or use inappropriate language.
* I will not use tobacco, alcohol, or other drugs/substances during or before our outings.
* I will not litter or harm the environment.

**I understand that if I do not abide by this agreement,**

**it may result in the following consequences:**

* I will only be warned once before my parents are called.
* I may be asked to take a one to two week break from the Explore the Rock program.
* My parents may have to pick me up, depending on the severity of the incident.
* I may not be welcome back to the program for the remainder of the summer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Youth Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Explore the Rock**

**Acknowledgement of Risk and Full and Complete
Release of Liability**

NAME OF PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ACTIVITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In consideration of the services, programs, functions and activities of Kodiak Area Native Association, its agents, employees, trustees, officers, contractors, and all other persons or entities associated with it (collectively referred to hereafter as “KANA”) I agree as follows:

*Participants (and Parents/Guardians if participant is a minor under the age of 18) please indicate your agreement by initialing next to each paragraph and signing below.*

***Skill Risks***

\_\_/\_\_\_ Although KANA has taken reasonable steps to provide participants with appropriate equipment and skilled staff for the Explore the Rock (hereafter referred to as the Program), so I can enjoy an activity for which I may or may not be skilled, I acknowledge that this activity has risks, including certain risks that cannot be eliminated without altering the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment and to accidental injury, illness, or, in extreme cases, permanent trauma, disability or death. I understand that KANA does not want to frighten me or reduce the participant’s enthusiasm for this activity, but thinks it is important for participants to know in advance what to expect and to be informed of the activity’s inherent risks. I understand that the following describes some, but not all, of those risks.

\_\_/\_\_\_ KANA’s Program involves many outdoor activities where participants are subject to numerous risks, environmental and otherwise. Activities may vary, and include but are not limited to track and field events, running on sidewalks, road ways, gravel, grass, sand and may include transportation to and from the locations where these activities occur which may involve risks of injury, disability or death.

 ***Medical Care Risks***

\_\_/\_\_\_ KANA’s activities will take place in various locations indoors and outdoors. Outdoor activities, in particular may be in locations that could cause significant delays in communicating with and transporting to and from medical facilities.

 ***Travel Risks***

\_\_/\_\_\_ Travel may be by automobile or on foot to Program activity locations and possibly over unpredictable terrain, including snow and ice or near water. Attendant risks include automobile or other highway traffic collision, falling, drowning and others usually associated with such travel, as well as environmental risks.

 ***Environmental Risks***

\_\_/\_\_\_ Environmental risks and hazards include rapidly moving, deep and/or cold water, insects, and predators, including large animals; falling and rolling rock; avalanches, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include hypothermia, frostbite, sunburn, heatstroke, dehydration, and other mild or serious conditions.

 ***Group Safety***

\_\_/\_\_\_ I understand that decisions regarding safety are made by the adults supervising the activity and by participants in an outdoor setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. I understand that throughout any of KANA’s activities, participants are responsible for their own safety and for the safety of other members of their group.

 ***Inherent Risks***

\_\_/\_\_\_ I am aware that KANA’s Program activities include risks of injury or death to participants. I understand the description above of these risks is not complete and that other unknown, unmentioned or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks identified herein and those inherent risks not specifically identified. Participation in these activities and this program is purely voluntary. No one is requiring me or my child to participate. I elect to participate, or to have my child participate, in spite of and with full knowledge of the inherent risks. I acknowledge that KANA staff has been available to fully explain the nature and physical demands of this activity and the inherent risk, hazards, and dangers associated with the activity. I have asked any questions that I have about this activity.

 ***Agreement and Understanding***

\_\_/\_\_\_ I have read and understand this release, the general description of the Program activity that I am about to participate in with KANA. This includes the objectives of the Program and physical demands put on me by this activity.

 ***Physical Condition***

­­­\_\_/\_\_\_ I have verified with the participant’s physician and other medical professional that the participant has no past or current physical or psychological condition that might affect his/her participation in the Program. I authorize KANA to obtain or provide emergency hospitalization, surgical or other medical care for me or my child.

 ***Personal Responsibility Acceptance***

\_\_/\_\_\_ I represent that the participant is fully capable of participating in the Explore the Rock activity, without causing harm to others or themselves. Therefore, I, and my parent(s) or guardian if I am a minor, assume and accept full responsibility for me and for injury, death and loss of personal property and expenses suffered by me and them as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in the KANA Program activity.

\_\_/\_\_\_ ***Full Release of Claims***

Having fully read and understood this document, I, and my parent(s) or guardian if I am a minor, hereby completely and irrevocably release the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claim or cause of action whatsoever arising from or relating to my participation in the Program, and whether for injury, damage to property, disability or death. I, and my parent(s) or guardian if I am a minor, hereby agree and covenant not to bring or cause to be brought any suit, claim or cause of action against any of them, at any time, before any Court or administrative agency.

\_\_/\_\_\_ I have read, or this document has been read to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and I understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate, and all members of my family. I agree to defend, indemnify and hold harmless the Kodiak Area Native Association and its officers, directors, employees, volunteers, agents and assigns, trustees, contractors, and all other persons or entities associated with it from any claims which may be brought by or on behalf of myself, or any member of my family, for injury or loss resulting from those inherent risks of the Program, described and not described above, and from my own negligence.

 Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Staff/Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (KANA Program Staff Member)

***PHOTO/VIDEO RELEASE***

I hereby authorize KANA, or their designated agents, to use the photographs, video, recordings, and/or any other record of these events taken of me for use in printed and/or online publications. I am aware that these publications will be used to show the success and outcomes of KANA programs. I acknowledge that since my participation in KANA publications is voluntary, I will receive no financial compensation. I may at any time withdraw permission for photos or video footage of me to be used in any publications.

Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please Print

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian must sign if Participant is under 18 years of age)