



## Miracle League of Stanislaus County Volunteer Application Fall 2018

Volunteers:

There is nothing more heartwarming than to see children playing America's favorite 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 allow 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 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 on **September 8<sup>th</sup>** and ending on **October 13<sup>th</sup>**. Schedules will be released after the 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 Email: [miracleleaguemodesto@gmail.com](mailto:miracleleaguemodesto@gmail.com)*



## Miracle League Volunteer Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*(PLEASE PRINT CLEARLY)*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email **REQUIRED** \_\_\_\_\_

What school or organization are you from? \_\_\_\_\_

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

**\*As a Buddy, you will be paired with a player for the season**

Have you volunteered for Miracle League before?  YES  NO If YES, when? \_\_\_\_\_

Shirt Size:  S  M  L  XL

Would you also like us to use this information for Spring Season?  YES  NO

Special requests? (i.e. specific team, coach, player, etc.)

**\*\*Please note: not all requests can be honored\*\***

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

### EMERGENCY CONTACT

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Please list any 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 Background 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 and 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 and 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.**

#### **MUST BE 18 AND OLDER TO FILL OUT**

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

Full Name of Applicant (include middle name): \_\_\_\_\_

Age (**MUST BE 18 OR OVER**): \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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 and 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, newsletter, reports, social media, etc.) without any liability on the part of Society for disABILITIES and Miracle League of Stanislaus County.
5. I agree that the staff and volunteers of Society for disABILITIES and Miracle League of Stanislaus County 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 YEARS OLD**

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