



Volunteer Application

Thank you for your interest in volunteering with I Challenge Myself.

In this application, you will find multiple forms that need to be filled out and signed. This is a fillable form, you can fill out this form on your web browser and save it to your computer. Please email the saved copy to info@ichallengemyself.org or else you will not be considered for the volunteering positions.

In this packet you will find the following:

- Page 2-3 Personal Information & Experience
- Page 4 Medical History Form
- Page 5 Emergency Contact
- Page 6 References
- Page 7 Consent For Criminal Background Check
- Page 8 Waiver Of All Claims/Consent
- Page 9 Consent To Photograph, Film, Or Videotape For Non-Profit Use (Optional)

If you have any questions, please email info@ichallengemyself.org.

Requirements as a Volunteer in I Challenge Myself's training rides:

- Completion of a 1.5 hour volunteer orientation training session on TBD
- Successful completion of a background check
- Commit to a minimum of 2-3 weekend rides
- Must be comfortable riding a bike
- Must be comfortable fixing flats and chains
- Must have your own bike
- Must be 18+*

Note: I Challenge Myself will also have non-cycling volunteer opportunities for people who are not interested in going on training rides.

PERSONAL INFORMATION

First Name

Last Name

Company/Organization

Email Address

Address

Apartment

Phone Number

Type

City

State

Date of Birth

Zipcode

EXPERIENCE

Are you currently in school?

Do you consider yourself an experienced cyclist?

What is your highest level of education?

How many years have you been cycling?
years

if other, please specify above

Have you worked with or volunteered with
middle or high school students?

What is your current job title?

Please tell us more about your experience working with middle and/or high school students or teaching middle and/or high school students to ride a bike in a group setting:

Please tell us a bit about your hobbies, skills and special interests:

Why do you want to become a Volunteer?

Is there anything in your background that might preclude you from working with young people? If so, please explain:

Do you speak any languages besides English? If so, please specify:

Volunteer Days Available:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Volunteer Times Available:

Mornings

Evenings

Nights

Volunteer Skills

Lead Cyclist

Fundraising

Event Planning

General Cleric



MEDICAL HISTORY FORM – CYCLING COACHES

To be carried by any I Challenge Myself Coach together with team roster and eligibility affidavit

Do you have any limitations on the types of activities in which you may be involved?

If YES, list limitation(s):

Could these medical problem(s), your use of medication, allergies, injuries, etc. affect you while you are coaching or engaging in other I Challenge Myself-related activities?

If YES, please explain:

If YES, what precautions should be taken while you are participating?

If there is anything else that you feel I Challenge Myself should know about your health condition? Please explain:



EMERGENCY CONTACT INFORMATION

Emergency Contact First Name

Emergency Contact Last Name

Relationship

Emergency Contact Phone

Emergency Contact Address

Address

Apartment

City

State

Zip code

REFERENCES

Reference #1 First Name

Reference #1 Last Name

Reference #1 Phone Number

Reference #1 Email

How do you know Reference #1?

Reference #2 First Name

Reference #2 Last Name

Reference #2 Phone Number

Reference #2 Email

How do you know Reference #2?

I certify that the information I have supplied is correct to the best of my knowledge. I give my permission for the above references to be contacted.

Please enter your full name above to accept the terms

Date



CONSENT FOR CRIMINAL BACKGROUND CHECK

As a condition of my interest in volunteering in I Challenge Myself programs, I give permission to I Challenge Myself to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability I Challenge Myself and its Board of Directors, officers, employees and volunteers, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, I Challenge Myself is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension or removal by I Challenge Myself for violation of I Challenge Myself's policies or principles or for any other reason.

I certify that the information I have provided in this application is true and complete to the best of my knowledge, and that I have made no attempt to disguise or conceal information. I understand that if any information given by me is false or misleading, I may be denied appointment and, if appointed, may be subject to dismissal at any time. I grant permission to I Challenge Myself to investigate and verify the statements and the data contained herein and to contact the references provided, and to secure additional information about me, and I authorize all companies, schools, organizations, agencies, government institutions and personal references to release any information they have regarding me, irrespective of whether it is in their written system of records, to I Challenge Myself and/or its agent. This authorization, shall be valid for any pre-appointment or subsequent investigation that may be requested by I Challenge Myself and/or its agents.

NOTE: I Challenge Myself will not discriminate against any person on the basis of race, creed, color, national origin, religion, marital status, gender or disability.

I AUTHORIZE I Challenge Myself to request a criminal background check on me before I am a volunteer of I Challenge Myself or during the course of my volunteering with I Challenge Myself. This check will be made from public record

Please enter your full name above to accept the terms

Date



WAIVER OF ALL CLAIMS/CONSENT FORM

I _____ am at least 18 years of age and acknowledge and agree that, as a Volunteer, I will participate in activities associated with I Challenge Myself Incorporated (“ICM”), thereto (“Activities”), and that, despite the efforts of ICM to instill a “safety first philosophy” within the organization, I will be exposed to and I will assume on my own behalf all risks and hazards incidental to my participation in such Activities, including, but not limited to, physical injury. With respect to such risks of physical injury, I further understand that I am agreeing to assume on my own behalf all risk and hazards including specifically (but not exclusively) the danger of being injured by but are not limited to, physical exertion and falls.

In consideration of I Challenge Myself permitting me to participate in the Activities as a Volunteer, I hereby release, discharge and agree to indemnify and hold harmless I Challenge Myself, its directors, organizers, sponsors, coaches, staff, volunteers and agents from any and all claims, liabilities or causes of action arising out of my participation in the Activities, including but not limited to physical injury to me, whether the result of negligence or any other cause.

Please enter your full name above to accept the terms

Date



CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE FOR NON-PROFIT USE

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes by I Challenge Myself.

I also grant to the right to edit, use, and reuse said products for non-profit purposes including use in print, on the Internet, and all other forms of media. I also hereby release the I Challenge Myself and its board of trustees and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Please enter your full name above to accept the terms

Date