2020 Summer Activity Volunteer Application

On behalf of Kodiak Area Native Association’s Prevention Programs, we invite you to become a volunteer for our ‘Explore the Rock’ and ‘Activity Afternoons’ summer youth activities. These exciting summer programs engage children and teens in weekly outdoor activities, team sports, and field games that promote physical activity and teach valuable skills.

Activity Afternoons will occur every Monday and Friday beginning June 8th and ending August 10th for youth 1st through 12th grade. Explore the Rock will occur every Thursday from June 4th through August 18th for youth in grades 6th through 12th, with no events being held the week of July 4 due to the holiday. The first four weeks of the hiking program will consist of brief group trainings or activity followed by a low to mid distance hike, while the remaining weeks of the hiking program will be a single mid to long distance hike with the final week being the closing picnic.

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 the entire program. 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 advance notice if you cannot make it so we can find other chaperones.

As an adult volunteer for the summer activity programs, you, the chaperone, are expected to:

1. Demonstrate behaviors appropriate for a positive role model for youth.
2. Understand the rules of the programs 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 for your reference.
3. Assist with first aid if qualified and necessary, and offer knowledge of environment, culture, and safety.
4. Be mindful of your environment; stay with the group of youth you were assigned to and maintain communication with the rest of the group.
5. Carry safety equipment or other items when necessary.
6. Seek to actively listen to youth; you may learn something from them!
7. Work together with program staff and other volunteers; always interact with youth with another volunteer present.
8. Report any conflicts, incidents, or concerns to KANA staff as soon as appropriate!
9. If a child reports an incidence of child abuse to a volunteer; the volunteer MUST report it to a KANA employee immediately.

Please sign to indicate acknowledgement of, and agreement to, the above expectations.

Click on lines to type or print and hand write answers, electronic signatures are acceptable.

Volunteer Printed Name: ____________________________________
Date: ____________________________________
Volunteer Signature: _______________________________________________
Volunteer Application and Agreement

Date of Application: ____________________

Name: ____________________________________

Phone Number(s): ______________________________________________

Mailing Address: ________________________________________________________

Email: _________________________________________________________

Are you at least 18 years of age? □ Yes □ No

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: _______________________

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

Do you possess a valid driver’s license?: □ Yes □ No

Do you possess a current CPR and/or BLS Certification? □ Yes □ No

Do you possess a current First Aid Certification? □ Yes □ No

If not, are you willing to attend a CPR/First Aid training class? □ Yes □ No

Other Knowledge, Skills, and/or Abilities that could assist with this position:
_________________________________________
Have you ever been convicted of a misdemeanor?  
☐ Yes  ☐ No
If “yes”, please explain: ___________________________

Have you ever been convicted of a felony?  
☐ Yes  ☐ No
If “yes”, please explain: ___________________________

Please initial below to signify your understanding and agreement

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.

Explore the Rock Availability
Please review and check the days you are available.

<table>
<thead>
<tr>
<th>Check if Available</th>
<th>Hike Date</th>
<th>Hike Location</th>
<th>Special Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Thurs, June 4</td>
<td>Pillar/Ft. Abercrombie</td>
<td>Bear Safety/Hiking Protocol</td>
</tr>
<tr>
<td>☐</td>
<td>Thurs, June 11</td>
<td>Swampy Loop</td>
<td>First Aid/Wilderness Safety</td>
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<tr>
<td>☐</td>
<td>Thurs, June 18</td>
<td>Pyramid</td>
<td>Nutrition/Hydration</td>
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<td>☐</td>
<td>Thurs, June 25</td>
<td>North Sister</td>
<td>Rock Painting</td>
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<td></td>
<td>Thurs, July 2</td>
<td></td>
<td>NO HIKE THIS WEEK</td>
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<tr>
<td>☐</td>
<td>Thurs, July 9</td>
<td>Termination Point</td>
<td>TBD</td>
</tr>
<tr>
<td>☐</td>
<td>Thurs, July 16</td>
<td>Old Woman’s Loop</td>
<td>TBD</td>
</tr>
<tr>
<td>☐</td>
<td>Thurs, July 23</td>
<td>Heitman</td>
<td>TBD</td>
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<tr>
<td>☐</td>
<td>Thurs, July 30</td>
<td>Kashaveroff</td>
<td>TBD</td>
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<tr>
<td>☐</td>
<td>Thurs, Aug 6</td>
<td>Barometer</td>
<td>TBD</td>
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<tr>
<td>☐</td>
<td>Thurs, Aug 13</td>
<td>Fort Abercrombie or Buskin Beach</td>
<td>Closing Picnic</td>
</tr>
</tbody>
</table>
**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: _________________________

**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: _________________________
2020 Summer Activity Programs

Acknowledgement of Risk and Full & Complete Release of Liability

NAME OF PARTICIPANT ____________________________________
NAME OF 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 (Participant on the Left, Parent/Guardian on the Right).

Skill Risks

___ / ___ Although KANA has taken reasonable steps to provide participants with appropriate equipment and skilled staff for the Explore the Rock and/or Activity Afternoons (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 and/or Activity Afternoons activities, 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: _________________

*Please return your application (pgs 1-7) 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 Prevention Programs at Prevention@kodiakhealthcare.org*

*For assistance or questions, please contact Matthew Kozak at 907-486-7390*
EXPLORE THE ROCK

STATEMENT OF CONDUCT

YOUTH PARTICIPANT & PARENT/GUARDIAN MUST SIGN

I understand that when I attend Explore the Rock 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, vapes, alcohol, or other drugs/substances during or before our outings.
• I will not litter or harm the environment.
• I will respect property, whether my own or someone else’s.
• I will obey all safety instructions given to me by adult staff.

I understand that if I do not abide by the above 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 summer activity programs.
• 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