



Volunteer Information (17 years or older)

Community Coaching Program

Include Autism's Community Coaching program is a small group, community behavioral and social skill development program for school aged children between six and twenty-one years old, on the autism spectrum. The Community Coaching program focuses on social skill building, transitioning, and skill generalization in a variety of "real life" environments and social arenas, varying modes of transportation and routine on a daily basis, while learning and maintaining appropriate social interactions and behaviors using ABA strategies and techniques, and building and nurturing community peer relationships.

Our Mission

The mission of Include Autism is to provide a multifaceted approach to community-wide autism inclusion, offering progressive integrated programs and applied learning experiences for individuals of all abilities.

Our Vision

The successful integration of all individuals of all abilities, within the community.

The Community Coaching Program is a non profit 501(c)3 after school, school break, and Saturday community-based, social behavior development program for kids and teens affected by Autism Spectrum Disorder. Community Coaching provides a community-based instruction and inclusion curriculum focusing on building, transitioning, and generalizing skills in a variety of natural and included environments. Community Coaching facilitates the development of lasting relationships with peers within the program and out in the community. By providing structured and supportive exposure through our program's daily activities and interactions, we offer opportunities to provide first-hand autism education and meaningful inclusion experiences as we proudly introduce our amazing kids to their San Diego community.

At Include Autism's Community Coaching program, our peer groups focus on **transitioning** and skill **generalization** across multiple community environments in a variety of naturally occurring "real life" circumstances. Our goal is to demonstrate long term **maintenance** of these skills in natural environments to become contributing members of our community.

What Does a Volunteer Do at the Community Coaching Program?

- Interact with the participants of the program after school or on Saturdays
- Join participants on community outings such as bowling, museums, parks, etc. or Home Base activities like baking or art projects
- Be a good Role Model to kids who have Autism Spectrum Disorders – show them firsthand what it looks like to be a friend
- Check our website to see what we look like: www.includeautism.org
- **Have fun!!**

PLEASE DETACH AND GIVE TO VOLUNTEER

Volunteer Information and Emergency Contacts

Volunteer: _____

Date of Birth: _____ Hours/Days Available: _____

Address: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Additional Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Volunteer Signature

Date

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References

1. _____

First Name	Last Name	Telephone Number
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Address & Street	City	State	Zip Code
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Occupation: _____ No. of Years Acquainted: _____

2. _____

First Name	Last Name	Telephone Number
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Address & Street	City	State	Zip Code
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Occupation: _____ No. of Years Acquainted: _____

3. _____

First Name	Last Name	Telephone Number
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Address & Street	City	State	Zip Code
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Occupation: _____ No. of Years Acquainted: _____



VOLUNTEER ADMISSION AGREEMENT
Informed Consent and Waiver of Liability for Volunteers

I, _____ (volunteer), hereby give my permission, under the supervision of Include Autism staff, volunteers, and affiliates, to participate “off-site” in the community on outings, field trips, and otherwise and for the above-named Volunteer to be transported in Include Autism company vehicle(s) or in the personal vehicle(s) of any Include staff member or volunteer, and to use public transportation while in the care of Include Autism.

By signing this waiver I freely **WAIVE ANY AND ALL CLAIMS** for any liability whatsoever, including, but not limited to, liability for personal injury, illness, death and/or property damage that I sustain while under the care of Include Autism. I hereby **RELEASE FROM ANY LIABILITY WHATSOEVER Include Autism** and each of its agents, including but not limited to, its Management, staff, directors, officers, volunteers, funding, licensing or other agents, representatives, and/or affiliates (hereinafter referred to as “Releases”) with respect to any claims or causes of action that I, my estate, heirs, executors or assigns may wish to pursue, whether caused by the alleged active or passive negligence of Releases or otherwise.

This release also applies to all dangers inherently involved in the events and activities in which the Program Volunteer participates in with participants, peer pals, staff, and volunteers in the Community Coaching program. I understand that the risks involved may include, but are not limited to risks resulting from: play equipment, terrain, environmental conditions, the volunteer’s personal physical condition and that of the other participants in the program or others in the community, vehicles, public transportation, or public or privately owned property. Known risks include, but are not limited to: Injuries resulting from: (1) Structured and non-structured activities made available to the Community Coaching Volunteers and visitors; (2) Physical activities including but not limited to walking/hiking, “scootering”, bicycling, swimming, climbing, boating, skating, and bowling; (3) High volumes of traffic in the Community; (4) Interaction with animals; (5) Conditions, hazards of issues that may arise from being transported in Community Coaching vehicles or on public transportation (6) Interaction with others in the community that are not part of or acting as a representative of the Community Coaching program; and (7) Exposure to potentially hazardous materials or allergens.

By signing this waiver, I hereby agree to save and **HOLD HARMLESS** the Releases from any claim or lawsuit potentially brought by myself, my estate, heirs, executors or assigns arising out of the above-named Volunteer’s participation in the CCC program.

In mutual consideration for the above waiver and release of all claims, Community Coaching hereby agrees to abide by all applicable Federal, State, and local laws and regulations and acknowledges that any agreements entered into by Community Coaching shall be governed by, enforced in, and, where in doubt, construed in accordance with the laws of the State of California.

Volunteer Signature

Date



VOLUNTEER ADMISSION AGREEMENT
Include Autism Photo Release

I, _____ (volunteer), hereby authorize and consent to the use and reproduction by Include Autism of any and all photographs, audio-visual materials, and references that indicate the participant of the above-named Include Autism’s Volunteer for fundraising purposes, the Include Autism website, social media, program promotion, marketing, educational activities, exhibitions, special projects, or for any other use for the benefit of the Community Coaching program or its participants. I understand that only the Volunteer or Peer Pal’s first name will ever be used and that his or her privacy will be respected to the full extent possible.

Note: It is very difficult to exclude specific children from photos of the group in the community. Please let us know VERBALLY as well if you are not willing to sign this part of the waiver as we need to make sure to delete/not use photos if taken.

Volunteer Signature

Date



Volunteer Confidentiality Agreement

As volunteer of the Community Coaching program I understand that I will have access to personal information about children and their families, which must, by California State law, remain confidential.

I understand that at all times I must maintain confidentiality with the information I am privy to as an employee of the Community Coaching program, as outlined in the Community Coaching Employee Handbook. I will not discuss information with anyone, with exception to the Community Coaching Team and the Program Participant's Parent/Legal Guardian or any contract agency as specified on the Confidentiality Waiver signed by the Program Participant's Parent/Legal Guardian. I understand that any breach of such confidentiality may constitute grounds for immediate termination of my Volunteer position at Include Autism's Community Coaching program. Furthermore, I hereby agree not to disclose any program-related OR personal information relating to any of the Program Participants, their families, or the staff at Include Autism, whether former or present, with anyone outside of Include Autism following the termination of my employment at the Community Coaching program.

I understand that the San Diego Regional Center and Community Care Licensing have the right to access all personal and confidential personnel and Program Participant files.

Volunteer

Date



PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW

_____ I hereby authorize Include Autism's Community Coaching program to thoroughly investigate my references, work record, education and other matters related to my suitability for acting as a volunteer and, further, authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that my volunteer service can be terminated at any time, with or without cause, and with or without notice, at the option of either the company or myself.

I waive receipt of a copy of any public record described in the paragraph above.

Policy for Conducting Research/Interviews at Include Autism's Community Coaching Program

At Include Autism's Community Coaching program, we are thrilled to serve as a learning lab for students in the greater San Diego community who desire to receive hands on experience in working with kids and teens with autism and who desire to apply experience to various academic fields of interest. In insure, we ask that all volunteers abide by the following guidelines when conducting research and/or interviews at the Community Coaching program. We thank you in advance for your sensitivity and your cooperation!

All staff interviewees must be provided with the following before an interview is conducted:

- An explanation of who you are, why you want to talk to them, and the purpose of the interview
- A list of questions they will be asked
- A time frame for approximately how long the interview will last

In addition, if you wish to quote respondents, to cut-and-paste email responses they write, or to use a tape-recorder during the session, we ask that you obtain permission in writing in advance. For example:

I [respondent's name] hereby give my permission for [student's name] to interview me and quote my responses in a research paper/study. I understand that this paper will be submitted to a professor at the [name of institution]. I understand that I waive any claim to copyright to this material should the student ever publish it in a scholarly journal or in electronic format online. I understand that the author [will / will not] maintain my anonymity as a part of this interview. I hereby give my permission in the form of my signature below.

Signature _____ Date _____

Date

Volunteer's Signature

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Volunteer Time Sheet

Volunteer: _____

Date	Supervising Staff	Time In	Time Out	Hours

Management Staff Signature

Date