



Madison Inner City Outings

Terri Felton, Chair 608-663-8874 www.madisonico.org

Madison ICO Volunteer Application

Thank you for your interest in being a volunteer in the Madison Inner City Outings program. It is our goal to match the skills and interests of our leader candidates with the groups we will be bringing on trips. We also want to ensure a safe environment for participants and leaders. Please take some time to print or type your detailed responses to the following questions. Feel free to attach extra pages where necessary. If you have any questions about how to complete this form, please contact Terri Felton at the number above.

Name: _____ Home Phone: _____

Address: _____

Occupation: _____ Employer: _____

Work/Cell Phone: _____ E-mail Address: _____

Social Security # _____ Date of Birth: _____
(required for criminal background check) *Mo/day/year*

Driver's License # _____ State: _____

Sierra Club Membership #: _____ Expiration Date: _____

Are you certified in CPR or First Aid? **Yes or No**

If yes, please complete certification information below and **attach a photocopy of your certification card(s)**.

Certification: _____ Date Completed: _____
(eg, Basic First Aid)

Certification Agency: _____ Expiration Date: _____
(eg, American Red Cross)

Emergency Contacts (Name, Phone, Relationship)

1. _____

2. _____

Medical Insurance Provider: _____ Plan Number: _____

Do you have any physical conditions that might limit your active participation with ICO? If so, please explain below.

How did you hear about Inner City Outings? Why do you want to become involved with ICO?

Identify previous or current volunteer experiences you have had as an adult that may be relevant to your roles as an ICO leader. Please include the name of the organization, the timeline of your commitment, and the roles you served.

Briefly describe previous experience you have had working with youth.

Please describe your previous outdoor experience. Would you be willing to teach these/any skills to others?

Sometimes ICO leaders elect to transport youth or other adults in their personal vehicles. Please circle Yes or No where appropriate.

- a. Do you own a car that you would be willing to transport youth in for trips? **Yes** **No**
- b. If you own a car, is it in safe mechanical condition? **Yes** **No**
- c. Do you carry personal liability insurance on your car? **Yes** **No**
- d. Do you carry personal property damage insurance on your car? **Yes** **No**
- e. If yes, what is the name of your car insurance company and policy number?

Reference and Background Check

ICO performs a background check on all potential leaders. We conduct reference checks and police and driving record checks. We hold this information in strictest confidentiality and only screen for violent crimes dealing with families and youth, and drunk driving convictions. If you feel for any reason that your background check is incorrect, then an appeal process can be initiated. If you would like more information about the checks involved, you may speak to the ICO local chair.

Please provide contact information for three references (other than relatives):

1. Name: _____
Phone: _____ Relationship: _____
2. Name: _____
Phone: _____ Relationship: _____
3. Name: _____
Phone: _____ Relationship: _____

Please circle the appropriate answer.

Have you ever been arrested? (Exclude arrests involving traffic violations) **Yes or No**

Do you object to ICO checking with appropriate public authorities (e.g., police, courts, Dept. of Motor Vehicles, etc.) for matters of public record regarding your background or history? **Yes or No**

If an applicant has not resided within the current state throughout the past five years, he/she may be required to complete an additional background check conducted by the FBI. This process includes being fingerprinted.

Any fees associated with background checks are paid for by ICO. The Sierra Club, as part of its risk management program, mandates background check requirements.

I certify that the information given herein is true and complete to the best of my knowledge. I hereby authorize Madison Inner City Outings to investigate all statements contained in this application, contact individuals and/or organizational references, and furthermore authorize the release of personal information regarding myself. This information is to be used only to determine my suitability for leadership with Inner City Outings. I understand that misrepresentation or omission of facts called for herein will be sufficient cause for termination of service.

Signature: _____ Date: _____



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Sierra Club Outing Volunteer Agreement

Thank you for volunteering to serve as a volunteer for the Sierra Club’s Inner City Outings (ICO) program. We appreciate your offer to assist the Club in acquainting people with wilderness areas and through the enjoyment of outings promoting an interest in wilderness preservation. Before approving your role in the program, we need your agreement to the existing Club policy governing your status with respect to ICO policies and standards.

First, in helping with the ICO program you are considered an Outing volunteer and not a Sierra Club employee. You will be covered by the Club’s general liability insurance policy in the event trip participants file any claim against you. This is provided that your group has followed the guidelines for ensuring that insurance is in effect for your program.

As a volunteer offering to serve on a Sierra Club committee, your relationship with the Inner City Outings program and the Club is on an "at will" basis. This means that you have the right not to enter into that relationship, with or without cause. It also means that you have the right to terminate that relationship at any time, with or without cause. Of course, we anticipate that you would give the Club (ICO local group Chairperson) reasonable notice of any such termination and that alternative arrangements can be made for the administration of your ICO role. The Club enjoys the same "at will" rights and may exercise them at its sole and exclusive discretion. The authority for exercising these rights resides with the ICO National Chairperson. The terms of this letter cannot be varied except in writing signed by the ICO Subcommittee Chairperson. Kindly sign and date this letter in the spaces below, indicating your understanding and agreement, and **return it to your local ICO group Chairperson**. If this agreement is not signed and returned we will assume that you no longer wish to be involved with the ICO program.

Thank you for your interest in the ICO program and for volunteering to assist in its administration.

Very truly yours,
ICO National Chairperson

Understood and agreed to:

signature

date

print name



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Inner City Outings Code of Ethics

1. Smoking or use of tobacco products in the presence of youth during ICO outings is prohibited.
2. Using, possessing, or being under the influence of alcohol or illegal drugs during ICO outings will not be tolerated. Using or possessing any weapons (firearms, knives, etc.) during ICO outings is prohibited.
3. Volunteers will not abuse (verbally, physically, sexually) participants or co-leaders in any way. Suspected abuse must be reported as outlined in the *ICO Handbook for Group Leaders and Chairs* (ICO Addendum Section 4).
4. Volunteers will conduct themselves in a courteous and respectful manner, exhibit good sportsmanship, and provide positive role models for all youth. Volunteers must treat children of all ages, religions, and cultures with respect and consideration.
5. Volunteers must use positive techniques of guidance, including positive reinforcement and encouragement rather than competition, comparison, or criticism. Volunteers shall abstain from humiliating or frightening discipline techniques.
6. Two or more ICO volunteers must participate on each outing. If possible, both male and female leaders should be present during co-educational outings. Under no circumstance, except extreme emergency, may any volunteer be alone with a youth participant. Volunteers will refrain from intimate displays of affection towards others in the presence of children, parents, or other volunteers.
7. Volunteers must be free of physical and psychological conditions that might adversely affect children's health, including fever, or contagious conditions.
8. Volunteers will accept supervision and support from ICO staff, ICO certified leaders, and agency staff.

I have read the above statement, and agree to its terms. I understand that any violation of this statement may result in my termination as an ICO volunteer.

Signature: _____ Date: _____