



PAC observer Code of Conduct

Being a part of the PAC observer program is about recognizing and learning how to create a naturally inclusive environment. With the PAC observer program, opportunity to learn how this environment is created without having to be actively concerned about the participants safety or giving a high-quality lesson-- you are just here to observe and learn. If you are at Loon, Bretton Woods, or home and are faced with a questionable situation refer to this code of conduct. Please read, understand, and agree to comply with this code of conduct.

- I understand as a PAC observer that I will not have input into the lesson physically or verbally but that I will provide a positive peer support on the lesson.
- I understand as a PAC observer that I may not move equipment with a student in it.
- I understand as a PAC observer that I may be asked to assist in office tasks and I agree to do so in the most helpful manner possible.
- I understand as a PAC observer that NEDS is a non-profit organization that relies on the donations of the community to continue their work.
- I understand as a PAC observer to help, that my impact reaches farther than NEDS.
- I understand as a PAC observer I must wear the PAC observer uniform--vest and jacket.
- I understand as a PAC observer that my role will develop with time and by putting in the effort now I will be a better instructor later.

I _____ agree to adhere to the code of conduct listed above as a PAC observer with New England Disabled Sports. I understand that if I am unable to do so that I may be dismissed as a PAC observer with New England Disabled Sports.

I _____ have agreed to work as a PAC observer for New England Disabled Sports and do so of my own free will. As a PAC observer I am not an employee or agent of New England Disabled Sports. I understand this role does not include compensation or payment of any kind. Furthermore, I acknowledge that NEDS does not offer health insurance, workers' compensation insurance, or any such employee benefit to PAC observers. As a PAC observer I agree to maintain my own health insurance during my time as a volunteer for NEDS.

_____	_____	_____
Print Name	Signature	Date
_____	_____	_____
Print Name	Parent/Guardian Signature	Date