



Pre-Adaptive Coach (PAC) Volunteer (ages 14-15) Code of Conduct

Being a part of the PAC Program is about recognizing and learning how to create a naturally inclusive environment. With the PAC Program, you have the ability 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 volunteer 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 volunteer that I may not move equipment with a student in it.
- I understand as a PAC volunteer 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 volunteer that NEDS is a non-profit organization that relies on the donations of the community to continue their work.
- I understand as a PAC volunteer to help, that my impact reaches farther than NEDS.
- I understand that as a PAC volunteer I must wear the PAC observer uniform—jacket.
- I understand as a PAC volunteer 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 volunteer (ages 14-15) with New England Disabled Sports. I understand that if I am unable to do so that I may be dismissed as an PAC volunteer with New England Disabled Sports.

I _____ have agreed to work as a PAC volunteer for New England Disabled Sports and do so on my own free will. As a PAC volunteer 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 volunteers. As a PAC volunteer 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