

**JIMMY MILLER MEMORIAL FOUNDATION  
VOLUNTEER PROFILE**

**PERSONAL INFORMATION**

**Name:** \_\_\_\_\_ **Maiden Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Birthday:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**SAFETY & SECURITY**

The following questions are part of our Volunteer application process in order to help provide a safe and secure environment for our children. All information is held strictly confidential by the Jimmy Miller Memorial Foundation and will not be used for any other purpose than verifying background and personal information. Answering "yes" to any of the following questions does not necessarily preclude you from volunteering.

1. Have you ever been charged or convicted of any sex-related or abuse related crime?  Yes  No
2. Are there any circumstances involving your lifestyle or your background that would compromise the safety or security of the children or your ability to work with them?  Yes  No
3. Do you have a history of mental illness, depression, anxiety or schizophrenia?  Yes  No
4. Do you have any other medical condition that would prevent you from effectively safeguarding the health and welfare of the children.  Yes  No

If you answered "yes" to any of the above questions, please explain briefly or attach a separate explanation:

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

Please provide at least three references not from your immediate family that can vouch for your character:

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all information contained in this Volunteer Profile is accurate and truthful. I hereby authorize the Jimmy Miller Memorial Foundation and/or its agents, directors or assigns to make an independent investigation into my background, references, character, criminal history, police records, DMV records including those maintained by both public and private organizations for the purpose of verifying the information contained herein. I further release the Jimmy Miller Memorial Foundation and its agents and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or law suits arising from the information contained herein or the pursuit of verification of the information.

\_\_\_\_\_  
**Volunteer's Printed Name**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

**JIMMY MILLER MEMORIAL FOUNDATION**  
**WAIVER OF LIABILITY / EXPRESS ASSUMPTION OF RISK AND PHOTO AND VIDEO**  
**RELEASE**  
**(PLEASE READ CAREFULLY)**

I, \_\_\_\_\_, HEREBY CERTIFY THAT I AM AWARE OF THE INHERENT HAZARDS AND RISKS OF THE EVENT I AM PARTICIPATING IN. EVENT: The Jimmy Miller Memorial Ocean Therapy Program, hereby referred to as the "Event."

I agree as follows: 1 I am participating in the Event on my own free will and am aware of the inherent risks, hazards and possible danger of participating in the event, including possible death; 2. I will act within my physical capability to the best of my ability, and I will not undertake tasks that are beyond my ability; 3. I am familiar with the safe operation and use of equipment and tools that I may utilize in connection with this activity, and I will not undertake to use any equipment or tools with which I am unfamiliar or do not know how to operate safely; 4. I acknowledge that I have received and read appropriate instruction regarding this Event, including appropriate safety and emergency procedures; 5. I will observe all safety rules; 6. I specifically acknowledge that I am engaging in this activity on my own free will, that I am of sound mind and body; 7. I acknowledge that I am not entitled to any compensation, benefit or insurance coverage from the State of California, the Department of Parks and Recreation, the California Coastal Commission, the City of Los Angeles, The Department of Beaches and Harbors, the Jimmy Miller Memorial Foundation, Pure Surfing Experience or any Event promoter or sponsor, nor will I make any such claim. 8. I acknowledge that surfing carries a degree of risk that no amount care, caution, instruction, expertise can completely eliminate.

I understand and agree that neither the State of California, California Coastal Commission, California Department of Parks and Recreation, City of Los Angeles, LA County Department of Beaches & Harbors, the Jimmy Miller Memorial Foundation, Pure Surfing Experience, Inc. nor any other organizers or promoters or sponsors or property owners involved in this event, nor any of their respective employees, officers, agents or assigns, (hereinafter collectively referred to as "Released Parties"), may be held liable or responsible in any way for any injury, death or other damages to me or my family, heirs, or assigns that may occur as a result of my participation in this activity, or as a result of product liability or the negligence of any party, including Released Parties, whether passive or active.

I understand that participating in this Event involves certain inherent risks, including but not limited to, the risks of possible injury, infection or loss of life. Despite these risks, I still choose to proceed in such activity. I know of no physical limitation that should keep me from undertaking the activities associated with this Event. In consideration for being allowed to participate in this activity, I hereby personally assume all risks in connection with the Event for any harm, injury or damage that may befall me as a participant, including all risks connected therewith, whether foreseen or unforeseen. I further save and hold harmless said activity and Released Parties from any claim or lawsuit for personal injury, property damage, or wrongful death, by me, my family, estate, heirs, or assigns, arising out of participation in this activity, including both claims arising during the activity and after I complete the activity.

If I should become injured while participating in the Event, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment as in his or her sole judgment may be necessary. I further declare that I am eighteen and legally competent to sign this liability release, or that I have acquired the written consent of my parent or guardian. I understand that the terms herein are contractual and not a mere recital, that this instrument is a legally binding, and that I have signed this document of my own free act.

BY THIS INSTRUMENT I DO HEREBY EXEMPT AND RELEASE ALL "RELEASED PARTIES," AS DEFINED ABOVE, FROM ALL LIABILITY OR RESPONSIBILITY WHATSOEVER FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH, HOWEVER CAUSED, INCLUDING NEGLIGENCE OF THE RELEASED PARTIES, WHETHER PASSIVE OR ACTIVE.

**PHOTO & VIDEO RELEASE**

By participating in this event, I understand that photography, filming, video and audio capturing may be taking place and I hereby grant to the Jimmy Miller Memorial Foundation, its agents, sponsors, partners and their respective licensees, successors and assigns (herein collectively called the "licensed parties") the right to use, publish and copyright my name, image on video and film, picture, portrait, voice and likeness in advertising, promoting and publicizing the Jimmy Miller Memorial Foundation in manner or form throughout the world in perpetuity.

I agree that any picture/video taken of me and/or any recording of my voice by the licensed parties is owned by them and I am not owed any form of compensation. I further agree that no advertisement or other material need be submitted to me for any further approval and the licensed parties shall be without liability to me for any distortion or illusionary effect resulting from the publication of my picture, portrait, voice or likeness.

**I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY AND ASSUMPTION OF RISK, PHOTO AND VIDEO RELEASE BY READING IT BEFORE I SIGNED IT ON BEHALF OF MY HEIRS AND MYSELF.**

\_\_\_\_\_  
**Volunteer's Printed Name**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

**IF PARTICIPANT IS UNDER 18, THE PARENT(S) (OR GUARDIAN(S), IF ANY) MUST SIGN.**

**The above participant has my permission to participate in this Event. I have read and agree to the provisions stated above. I know of no limitations that may restrict this volunteer's participation in this activity.**

\_\_\_\_\_  
**Parent or Guardian's Printed Name**

\_\_\_\_\_  
**Parent or Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Guardian's Address**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State Zip**

\_\_\_\_\_  
**Phone**

### **VOLUNTEER CODE OF CONDUCT AGREEMENT**

We want to ensure that every participant is treated with the value and importance that they deserve. Therefore, I promise to strictly follow the rules and guidelines contained in the Volunteer's Code of Conduct as a condition of my volunteering for the Jimmy Miller Memorial Foundation.

As a volunteer, I WILL:

- Set an example in speech, conduct, attitude and demeanor that represents the JMMF appropriately
- Treat everyone (participants and volunteers alike) with respect, patience, courtesy and consideration
- Look out for the safety of all participants by monitoring their behavior and reporting any irregularities
- Avoid situations where I am alone with a child such as bathroom breaks or extracurricular activities outside of officially sanctioned JMMF events. Two adults should accompany children on bathroom breaks for safety and accountability
- Use only appropriate touch with children such as: arm around the shoulder, walking hand in hand, short congratulatory or greeting hugs, high fives, hand shakes, pat on the back or shoulder.
- Communicate all instances of breach of safety, injuries, difficulties or concerns as shared by the participants throughout the course of their participation to a JMMF staff member or the Director

As a volunteer, I WILL NOT:

- Use profanity, humiliate, ridicule or threaten any participant
- Use any physical discipline such as striking, spanking, slapping. Restraining a participant for their own safety or the safety of others should be done gently and with same sex volunteers whenever possible
- Engage in wrestling, tickling, or other acts of intimate touching
- Smoke or use tobacco products in the presence of children
- Use or be under the influence of alcohol or drugs at anytime while volunteering
- Meet alone with children outside of officially sanctioned JMMF events without prior authorization

I have read and understand the guidelines contained in the Code of Conduct for the Jimmy Miller Memorial Foundation and I promise to follow these guidelines, protect the participants as all times to the best of my ability and maintain a professional image of the JMMF. I understand that the failure to abide by these conditions may result in my temporary or permanent removal as a volunteer.

\_\_\_\_\_  
**Volunteer's Printed Name**

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

## **VOLUNTEER TYPES**

Whether you are a Beach Volunteer or a Water Volunteer, both are critical parts for the JMMF to run smoothly and are both vital roles to our success. We welcome you to our family with all of your skills and talents!

### **Beach Volunteer**

Beach Volunteers are key to a successful ocean therapy session. Responsibilities can include everything from carrying equipment to helping set-up food/beverages for any given session. Some responsibilities of the Beach Volunteer include:

- Beach Safety
- Assist in sunscreen/wetsuits.
- Assisting with our stretching sessions or yoga demonstration.
- Help with snack and lunch prep, as well as setup and breakdown of equipment.
- Applaud participants when a wave is ridden...they truly appreciate it!
- Assist with “catching” participants as their board meets the sand.
- Documenting comments or successes observed throughout the day.
- Spending time with participants when they need to stop and take a break from surfing.
- Both land and water photography.
- Assist with building friendships and rapport with participants to aid in solidifying the effects of the day.
- Engage in discussion sessions.
- Help in any other way you see fit!

### **Water Volunteer**

The water volunteer is a crucial part of our success. We strive to maintain at least a 1:1 ratio of participant to surf instructor. We find that with this ratio the participant’s success rate increases as well as their comfort level is elevated and they feel more secure. We also like for our Water Volunteers to have surfing knowledge or experience and some experience teaching. If you do not have teaching experience, we will gladly help you learn some of the amazing techniques Jimmy created over his 15 years of surf teaching experience.

Some responsibilities of the Water Volunteer include:

- Water and beach safety- your most important role!
- Helping in “on land” surf instruction
- Assisting with board choice i.e. length to size ratio and wetsuit sizing.
- Critiquing the “get up” technique i.e. assisting with stance, knees bent, feet wide, goofy or regular, etc.
- Pushing participants into waves i.e. holding onto the board and letting go when the participant is stabilized.
- Ensuring they do not pearl (nose dive)
- Giving positive reinforcement and encouragement throughout the day.
- Talking the participant through each aspect of being in the water i.e. “now we’re going to push up”, “hold on tight”, “this is a lull” or “Is it ok if I put my hand on your back?” etc.
- Being aware of the participant’s various needs i.e. a child’s back ground or a Marine’s injuries.
- Participating in discussion sessions i.e. sharing the participants’ successes in the water with the group in hopes of inspiring self-confidence.
- Giving tons of High 5’s

I would like to volunteer as:  Beach Volunteer  Water Volunteer  Beach and/or Water Volunteer