

# **INCLUSIVE HOOPS BASKETBALL**

## **Volunteer Application Form - Basketball Program for Children with disabilities.**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Level of Basketball Experience (Beginner/Intermediate/Advanced): \_\_\_\_\_

Coaching or Playing Experience: \_\_\_\_\_

Experience working with children with disabilities: \_\_\_\_\_

### ***SUNDAY ONLY VOLUNTEER!***

Hours Available: \_\_\_\_\_

Preferred Volunteer Start Date: \_\_\_\_\_

#### **Areas of Interest:**

☐ Assisting with warm-up

☐ Providing Individualized Coaching

☐ Assisting with Basketball Drills

☐ Assisting with Equipment and Setup

☐ Other (please specify): \_\_\_\_\_

Any Health Concerns or Medical Conditions: \_\_\_\_\_

Why do you want to volunteer in our basketball program for children with disabilities?

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What strategies would you use to ensure an inclusive and supportive basketball environment?

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**Emergency Contact:**

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Declaration:**

*I understand the unique requirements of working with children with special needs in a basketball program and commit to fostering an inclusive and positive experience. I agree to follow the guidelines provided by Inclusive Hoops Basketball.*

*I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false statements or omissions may result in disqualification from employment or termination if already employed.*

Volunteer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_