

United States Association of Blind Athletes (USABA) Abuse Prevention Program

The following constitute the policies of The United States Association of Blind Athletes with regard to awareness and prevention of abuse within our organization.

- The United States Association of Blind Athletes is committed to provide a safe environment and to prevent child abuse and/or sexual misconduct.
- The United States Association of Blind Athletes will make every reasonable effort to ensure that every person involved in coaching/training a sport activity in our organization will abide by these guidelines.
- The United States Association of Blind Athletes will make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of this organization. Therefore, every person holding or applying for a position as a coach/guide or pilot/trainer/personal care attendant/chaperone/team leader and who will work with athletes under the age of 18 must complete an Employee/Volunteer Disclosure Statement, and are subject to a periodic background check. (see form attached).
- The United States Association of Blind Athletes will take appropriate action on all allegations of child abuse and/or sexual misconduct. All allegations will be reported immediately to the authorities for investigation and The United States Association of Blind Athletes will cooperate fully with any such investigation.

The following represent the preventive measures of our organization with regard to abuse:

- Physical, mental, and verbal abuse of any of the participants, coaches, managers, employees, volunteers involved in our sponsored activities is not permitted.
 - Inappropriate touching of any kind is forbidden.
 - We agree to provide more than one adult working at or overseeing every activity. If an individual needs special attention (one -on-one training or an individual meeting), it will be handled with the assistance or presence of another adult.
 - Coaches/guides or pilots/trainers/personal care attendants/chaperones/team leaders should not socialize with the participants outside of the sponsored activities of the organization.
 - Coaches/guides or pilots/trainers/personal care attendants/chaperones/team leaders should never ride alone with a child or participant in the car. Procedures will be established for coaches to follow in the event a participant is stranded at an activity.
 - Parents are encouraged to attend sponsored activities. In the event the parent is not able to participate in the event (foreign travel, athlete village restrictions, etc.) the parent of an athlete under the age of 18 will be required to sign a statement stating understanding and release for the athlete to participate in the event under those conditions.
 - By signing this statement, I acknowledge that we have adopted this program and have incorporated it into our program guidelines.
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Signature of Insured

Title

Date

Employee/Volunteer Disclosure Statement - United States Association of Blind Athletes

To be completed by each employee/volunteer who will have direct contact with athletes under the age of 18.

NAME: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State: _____ Exp. Date: _____

1. Background in Youth Sports (as Coach, Mgr., Official or other type): Add add'l sheet if necessary.

Position Held	League/Team Name	Date(s)	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Previous Residence(s) for the last 5 years:

3. Have you ever been convicted of a crime? If yes, please explain. Use additional sheets if necessary.

I am subject to maintain a current background check for other reasons and can submit proof.

I am willing to submit to a background check every two years at my own expense.

By signing this application, I hereby verify that the information provided is true and correct. I further certify that I understand that the intent of The United States Association of Blind Athletes is to deny a position to anyone convicted of a crime of violence or a crime against another person. I understand and agree that The United States Association of Blind Athletes or its affiliates may, in their sole discretion, decline to accept my application for volunteer/staff services with or without cause.

Signature

Printed Name

Date