



VOLUNTEER HANDBOOK

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Mission Statement:

To enhance the quality of life of individuals with disabilities by providing year-round outdoor adaptive recreational opportunities.

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Overview

Thank you for your interest in supporting DREAM Adaptive Recreation in a volunteer role. Our programs and events are possible because of the hard work and dedication of our volunteer “family.”

A volunteer is an individual who performs hours of service for an organization without promise, expectation or receipt of compensation for services rendered. Volunteers are not considered to be employees of DREAM Adaptive Recreation.

Volunteers are critical to the mission of DREAM Adaptive Recreation. They help create an environment where a person’s disability doesn't define their life but is just one aspect of it. By minimizing barriers to participation, leveraging abilities, and providing a safe and fun environment, a DREAM volunteer helps each participant build confidence. This confidence, we hope, will carry-on to other aspects of the participant’s life.

The Volunteer Handbook has been developed to provide general guidelines about DREAM Adaptive Recreation and our policies and procedures for Volunteers. It is a guide to assist you in becoming familiar with some of the benefits and commitments of your service. None of the policies or guidelines in the Handbook are intended to give rise to contractual rights or obligations, or to be construed as a guarantee of volunteering for any specific period. Additionally, these guidelines are subject to modification, amendment, or revocation by DREAM at any time, without advance notice. For sport specific information, please refer to the sport-specific Training Manual and attend the specific volunteer trainings offered by DREAM.

The personnel policies of DREAM Adaptive Recreation are established by the Board of Directors, which has delegated authority and responsibility for their administration to the Executive Director. The Executive Director may, in turn, delegate authority for administering specific policies. Volunteers are encouraged to consult with the Executive Director and/or Program Manager for additional information regarding the policies, procedures, and privileges described in this Handbook.

This handbook is available on the DREAM website under Volunteer Resources. All Volunteers are expected to abide by the policies and procedures outlined. The highest standards of personal and professional ethics and behavior are expected of all DREAM Adaptive Recreation Volunteers. Further, DREAM expects each Volunteer to display good judgment, diplomacy, and courtesy in their professional relationships with members of the Board of Directors and Committees, staff, participants, family members, peer volunteers, sponsors, donors, Whitefish Mountain Resort staff, and the general public.

Code of Ethics

DREAM Adaptive Recreation has adopted a code of ethics to guide its Board Members, Staff and Volunteers in their conduct when acting on behalf of our organization. The Code of Ethics contains broad principles reflecting the types of behavior DREAM expects towards the community, donors, employees, peers and participants. This policy is not intended as a stand-alone policy. It does not embody every aspect of ethical standards nor does it answer every ethical question or issue that might arise. It is designed to create and maintain a quality organization that always shows ethical conduct. This code will be reviewed annually.

As stated all involved with DREAM should:

- Listen and make all reasonable efforts to satisfy the needs and concerns, within the scope of our mission, of participants and their families and strive for excellence and innovation and demonstrate respect to others.
- Respect the confidentiality of sensitive information of participants, volunteers, board members, and donors involved with DREAM Adaptive Recreation.
- Confidential information is information that is not otherwise publicly available. Volunteers may not disclose confidential information to anyone.
- Comply with federal, state, and local laws.
- If conflict arises, refer to The Conflict of Interest Policy and Annual Statement offered by the Montana Nonprofit Association.
- Follow the Whistle-blower Policy provided by the National Council of Nonprofits.
- Be accountable for adhering to this Code of Ethics.

Safety

Safety is DREAM's number one priority. Always provide for the safety of the participant and yourself by familiarizing yourself with the physical and mental needs and condition of the participant. Safety for yourself and others must always be considered. If any unsafe condition, conduct, or equipment is encountered the activity must be stopped until a safe environment can be secured. Volunteers will only use equipment that they are familiar with and have been trained on the proper use of. Be aware of and honest about your ability as a volunteer and your familiarity and comfort with using different types of equipment. DREAM staff and other volunteers will assist you as needed.

Tickets

Tickets or vouchers issued to DREAM volunteers (and participants) are not transferable and are not to be resold. Tickets are obtained and distributed by DREAM staff. Volunteers should not request tickets / vouchers from anyone other than DREAM staff for DREAM programming.

Attendance

Attendance is a key factor in volunteering. Punctuality and attendance are expected of all volunteers. If you will be absent for any reason or plan to arrive late or leave early, you must notify the Program Manager or Program Coordinator as far in advance as possible. DREAM sets a ratio of volunteers to participants to give them the best experience possible. Less than an adequate number of volunteers compromises the quality of lessons we can provide. We ask that you honor your commitment to volunteering.

Additional Expectations

- Openly and honestly tell the truth. Honor your commitments and promise to do the best of your ability.
- Inappropriate language is not tolerated. This includes swearing and any demeaning and/or sexually explicit language or innuendos.
- The use of drugs and/or alcohol while representing DREAM is forbidden. DREAM has the obligation and right to refuse to let someone volunteer or participate if they suspect that the individual is under the influence of drugs and/or alcohol.
- No alcohol is to be consumed while working with participants, or during programs.
- There is zero tolerance for touching participants inappropriately or in ways that may lead participants to misinterpret the intent due to their individual circumstances, cultural standards, or their developmental stage.
- In cases where the participant must be touched, ask the permission of the participant (e.g. loading into a mono ski or helping an individual get up after falling). If permission cannot be obtained, secure additional help and/or a witness. Appropriate legal action will be taken to address any reports of inappropriate touching or misconduct.
- Be prudent about any outside contact with DREAM participants.
- Do not accept commission, gifts, payments, loans, promises of future benefits or other items of value from anyone who has or may seek some benefit from DREAM in return.
- Always act in accordance with the highest ethical standards and in the best interest of DREAM Adaptive Recreation.
- Be prepared. Keep your body in shape, get plenty of sleep, keep your equipment safe, stay hydrated, and fed.
- Be knowledgeable of weather conditions and how they affect the activity. Plan your lesson accordingly.
- Have knowledge of all terrain and select terrain appropriate for your participant.
- Dream Adaptive Recreation does not offer transportation. Volunteers assume full responsibility for transportation to and from the mountain and to provide their own equipment (as outlined for the specific program).

Equal Employment Opportunity

DREAM Adaptive Recreation shall follow the spirit and intent of all federal, state, and local employment law and is committed to equal employment opportunity. To that end, the Board of Directors and Executive Director of DREAM will not discriminate against any volunteer or applicant in a manner that violates the law. DREAM is committed to providing equal opportunity for all volunteers and applicants without regard to race, color, religion, national origin, sex, age, marital status, sexual orientation, disability, political affiliation, personal appearance, family responsibilities, matriculation or any other characteristic protected under federal, state or local law. Each person is evaluated on the basis of personal skill and merit. DREAM's policy regarding equal employment opportunity applies to all aspects of volunteering, including recruitment, role assignments, working conditions, scheduling, benefits, and administration, disciplinary action, termination; and social, educational and recreational programs. The Executive Director shall act as the responsible agent in the full implementation of the Equal Employment Opportunity policy. DREAM Adaptive Recreation will not tolerate any form of unlawful discrimination. All volunteers are expected to cooperate fully in implementing this policy. Any volunteer who believes that any other volunteer of DREAM may have violated the Equal Employment Opportunity Policy should report the possible violation to the Executive Director.

Policies

Policy Against Workplace Harassment

DREAM Adaptive Recreation is committed to providing a "work" environment for all volunteers that is free from sexual harassment and other forms of discriminatory harassment. Volunteers are expected to conduct themselves in a professional manner and show respect for their cohorts. DREAM's commitment begins with the recognition and acknowledgment that sexual harassment and other types of discriminatory harassment are unlawful. To reinforce this commitment, DREAM has developed a policy against harassment and a reporting procedure for volunteers who have been subjected to or witnessed harassment. This policy applies to all "work related" settings and activities, whether inside or outside the "workplace", and includes social events.

Reporting of Harassment

If you believe that you have experienced or witnessed sexual harassment or other discriminatory harassment by any volunteer of DREAM Adaptive Recreation, you should report the incident immediately to the Executive Director. Possible harassment by others with whom DREAM has a business relationship, including clients and vendors, should also be reported as soon as possible so that appropriate action can be taken. DREAM Adaptive Recreation will promptly and thoroughly investigate all reports of harassment as discreetly and confidentially as possible. DREAM's goal is to conduct a thorough investigation, to determine whether harassment occurred, and to determine what action to take if it is determined that improper behavior occurred.

Accident/Incident Procedure Policy

It is the volunteer's responsibility to determine how to proceed should an injury occur. Don't Panic! Do not leave the participant.

1. *Get Help:* Send one or more competent persons (preferably an adult) to get a higher level of care (i.e lifeguard, ski patrol, etc.) Have them note the exact location of the injured person so they know where to send the help. Note the time the incident occurred.
2. *Protect the Accident Site:* Use a piece of equipment or any available resource to mark the accident scene and to protect the injured participant. Ask a bystander to direct traffic away from the accident or flag down emergency personnel.
3. *Protect the Injured Participant:* Do not move the injured person or attached equipment except when it is necessary to protect them. Stay calm, talk to the injured person; tell them what is being done to help. In a life threatening situation, apply immediate first aid to the best of your capability, and within your level of training and certification.
4. Once a trained medical professional arrives, they are in command of the scene. Be sure to notify DREAM staff as soon as possible once certified medical help arrives and the scene is secure.
5. *Do Not Discuss the Incident:* Do not discuss the incident with anyone other than the Program Staff. Do not give opinion, place blame, or admit guilt, provide the facts of the incident. "Statements such as "I shouldn't have..." or "I'm sorry" are usually interpreted as admission of legal liability that obscures other relevant facts. Accompany the injured participant to the clinic if a DREAM staff member is not available. If you have more than one student, go only after handing the other student off to another volunteer. Direct the certified medical professional to DREAM staff to obtain the injured participant's medical history information.
6. *Fill out an Incident Report Form:* Fill out an Incident Report Form with the Program Manager within 24 hours of the incident. No matter how small the incident may be, it's important for DREAM staff to know about it. DREAM staff will determine the proper follow up with the injured participant, medical staff, etc.

Montana Good Samaritan Law

27-1-714. Limits on liability for emergency care rendered at the scene of an accident or emergency. (1) Any person licensed as a physician and surgeon under the laws of the state of Montana, any volunteer firefighter or officer of any nonprofit volunteer fire company, or any other person who in good faith renders emergency care or assistance without compensation except as provided in subsection (2) at the scene of an emergency or accident is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care or assistance. (2) Subsection (1) includes a person properly trained under the laws of this state who operates an ambulance to and from the scene of an emergency or renders emergency medical treatment on a volunteer basis so long as the total reimbursement received for such volunteer services does not exceed 25% of his gross annual income or \$3,000 a calendar year, whichever is greater.

Safety Policies

There are certain risks and dangers inherent to any activity. The goal of these safety policies and procedures is to identify the risks in the activities that DREAM asks volunteers to participate in so that mitigation methods can be developed to keep staff, volunteers, and participants as safe as possible. This is not an exhaustive list of safety policies and procedures, this will cover policies for common situations that a volunteer may find themselves in. For more sport-specific safety information, refer to the specific Training Manual for the activity you are instructing.

Seizure Policies

Any participant who reports having experienced a seizure within the last 12 months is required to wear a retention harness while riding the chairlift in the winter, and may have additional precautions taken. Participants who experience seizures may be required to provide permission from a medical professional or show other documentation in order to participate in certain activities. The safety of participants and volunteer instructors is our top priority. DREAM staff will notify each volunteer if they are working with a participant who has had or regularly has seizures. DREAM staff works with each participant to determine appropriate seizure protocol for that participant.

If your participant does have a seizure while in a lesson:

1. Remain calm and ensure your own safety before attempting to assist the person having a seizure.
2. Do not attempt to hold the person.
3. Protect the person's head and move anything dangerous out of the way.
4. If you are on a chair lift, notify the lift attendant before reaching the top that you will require a full stop to unload. Do not unhook the retention strap from the chair until you have come to a full stop at the top of the chairlift.
5. Ask the lift attendant to notify Ski Patrol. Any need for additional resources and support will be dispatched and determined by Ski Patrol.
6. Once Ski Patrol or a Medical Professional (during the summer) has taken control of the student's well-being, notify DREAM staff.

Equipment Policies

DREAM Adaptive Sports maintains a fleet of specialized adaptive equipment to accommodate the varied needs of participants with disabilities. Volunteers must attend specific training(s) to learn about each piece of equipment and how to safely use it, prior to leading a lesson.

It is important that before a participant is presented with a piece of adaptive equipment, DREAM staff and/or volunteers conduct a safety check of the equipment to ensure there are no noticeable issues or malfunctions present. If a minor issue is identified and a volunteer deems themselves educated and experienced enough to fix it, the work can be completed (e.g. A loose screw needs to be tightened). The volunteer notes that the equipment has been fixed in the

equipment maintenance log and has notified a program staff. If there is a more complex issue with a piece of equipment, the equipment should be tagged, marked in the equipment maintenance log, and Program staff should be notified. A plan will be developed to fix the equipment. The damaged/ broken equipment should be clearly tagged and immediately removed from the available fleet.

Should a participant bring their own personal piece of adaptive equipment, DREAM is not responsible for checking over an individual's personally owned equipment prior to the lesson. Volunteering to inspect/check over an individual's personally owned equipment and failing to identify a potential hazard could expose DREAM Adaptive to liability.

Return of Property

Volunteers are responsible for DREAM Adaptive Recreation equipment that is provided during lessons or programs. Once the lesson/program is complete equipment must be returned to the proper storage area.

Disability Awareness

The following overview of different disabilities and disability awareness is adapted from the United Spinal Associations document: "Disability Etiquette: Tips on Interacting with People with Disabilities."

The United States Census Bureau reports that approximately 56.7 million Americans have a disability. The Americans with Disabilities Act of 1990 was conceived with the goal of integrating people with disabilities into all aspects of life, particularly in the workplace and the marketplace. Sensitivity toward people with disabilities is not only in the spirit of the ADA, but it can help businesses and organizations expand into new markets and better serve their customers. Practicing disability etiquette is an easy way to make people with disabilities feel welcome.

The Basics

ENABLE ABILITY

First and foremost, appreciate and focus on what people can do; use the individual's strengths to compensate or adapt.

ASK BEFORE YOU HELP

Just because someone has a disability, don't assume they need help. Simply asking if you may help opens up communication. People with disabilities want to be treated as independent people. A person with a disability will oftentimes communicate when they need help, be sure to ask how you may help.

BE SENSITIVE ABOUT PHYSICAL CONTACT

Some people with disabilities depend on their arms for balance. Even if your intention is to assist, unexpectedly grabbing them, their arms, or their mobility aides without permission could knock them off balance. Avoid touching a person with a disability or their mobility aides unless given permission from that person. Mobility aides and equipment are part of a person's personal space.

THINK BEFORE YOU SPEAK

Always speak directly to the person with a disability, not to their companion, aide, or sign language interpreter. Talk to them as you would anyone else. Respect their privacy. If it comes up naturally, or if you need to know something specific it is appropriate to ask about the participant's disability. Be respectful, sensitive, and focus your questions on information that is pertinent to the activity. For example, "Can you describe your vision to me?" instead of "How did you lose your eyesight?" A simple, "I don't feel comfortable sharing that" by the person with a disability can set the tone if it is not something that they are willing to share.

DON'T MAKE ASSUMPTIONS

People with disabilities are the best judge of what they can or cannot do. Always allow the person to experience as much independence as possible. Don't make decisions for them about participating in any activity, unless the individual is a minor and/or there are overall safety concerns.

PUT THE PERSON FIRST.

Say "person with a disability" rather than "disabled person." Say "people with disabilities" rather than "the disabled." For specific disabilities, saying, "person who has cerebral palsy" is appropriate. Still, individuals do have their own preferences. If you are not sure what words to use, ask. Avoid outdated terms like "handicapped, crippled or retarded." Say, "person who uses a wheelchair" rather than, "confined to a wheelchair" or "wheelchair bound." The wheelchair is what enables the person to get around and participate in society; it's liberating, not confining.

With any disability, avoid negative, dis-empowering words like "victim" or "sufferer." It is okay to use idiomatic expressions when talking to people with disabilities. For example, saying, "It was good to see you," and "See you later," to a person who is blind is completely acceptable.

Categorizing Disabilities

This disability information is provided so that you can make informed decisions when working with Dream Adaptive Recreation participants. The information presented here describes general characteristics of different types of disabilities you may encounter as a Dream Adaptive Recreation volunteer. Not all disabilities are discussed here. Please contact Dream staff for additional resources.

Disabilities may be congenital or may have an onset later in life. A congenital disability is one that the person is born with, such as cerebral palsy or Down Syndrome. An onset disability is one that a person acquires later in life, potentially due to a traumatic injury or a disease after birth. Examples include multiple sclerosis (MS) or spinal cord injuries.

There are two primary types of disabilities: diseases and conditions. A disease is progressive and generally gets worse, resulting in an increasingly affected condition (e.g. diabetes and MS). A condition is a fixed state of ability, which generally does not get worse (e.g. spinal cord injury, cerebral palsy, and intellectual disability). A person may benefit from therapy, but there are no existing means to cure a condition.

We also discuss disabilities in reference to their physical, cognitive and/or sensory nature:

Physical Disability - A condition or disease that interferes with mobility or physical movement. Examples include amputation, stroke, MS, spina bifida, cerebral palsy, spinal cord injury, head/brain injury (TBI).

Cognitive Disability - A wide group of conditions that involve cognitive delays as a result of damage to the brain. Cognitive disabilities are specifically classified as developmental disabilities if the condition appears during the first 18 years of life, with an indefinite duration. Cognitive disabilities can be caused by congenital abnormalities, trauma, disease and/or deprivation. Examples include autism, down syndrome, attention deficit disorder (ADD), intellectual disabilities, head/brain injury or stroke.

Sensory Impairment - A group of conditions or diseases that limit a person's ability to see and/or hear. Examples include visual impairments (some vision), blindness (no vision), hearing impairments, and deafness (total loss of hearing).

Physical Disability Information

AMPUTATION

An amputation is a condition involving the removal of a limb or portion of the body. A person may have an amputation for one of several reasons: injury, disease, or congenital limb loss (limb deficiency due to a developmental defect, often during pregnancy).

Amputations are characterized by the location of the amputation. Disarticulation refers to the removal of a limb at the joint.

- Hip Disarticulation - Removal of the entire leg at the hip. Above-Knee (AK) - Above the knee and below the hip.
- Below-Knee (BK) - Below the knee and above the ankle. Leaves a functional knee.
- Above-Elbow (AE) - Between the elbow and the shoulder.
- Below-Elbow (BE) - Between the elbow and the wrist. Leaves a functional elbow.
- Shoulder Disarticulation - Removal of the entire arm at the shoulder joint.
- Unilateral Amputation - Multiple amputations on the same side, for example, BK and BE
- Bilateral Amputation - Multiple amputations equal on both sides, for example, double BK.

Considerations: Since amputees typically wear prosthetics, the type of prosthesis depends on the type of amputation. When working with your participant, make sure that the residual limb is protected from injury and the elements. Be aware that people who normally walk with prosthetics may have difficulty adjusting to participation in sports without their prosthesis. Also, keep a watch for muscle fatigue. Use the participant as a resource to learn about relevant information, such as when the amputation occurred and whether there are any secondary conditions.

CEREBRAL PALSY (CP)

Cerebral Palsy (CP) is a condition that affects a person's movement and posture. The condition is the result of brain damage (usually lack of oxygen) that occurs prior to, during, or just after birth. CP manifests in a variety of different ways, usually physical, and may include speech and/or cognitive impairment. The area and the degree of damage to the brain determines the individual's level of ability.

Typical characteristics may include paralysis, weakness or the inability to coordinate motor function. Some people with CP have difficulty with hearing, vision or speaking. CP is generally not associated with learning disabilities or intellectual disabilities.

Considerations: If the person is non-verbal, ask the participant how he or she communicates. Ask them to demonstrate how he or she says yes/no. If balance is an issue, the individual may need equipment adaptations or modifications to assist with balance and stability. In addition, many people with CP are unable to relax their limbs (due to muscle spasticity). Increased spasticity can make falling more painful and potentially dangerous, so take extra care to avoid

falls.

BRAIN INJURY, TRAUMATIC BRAIN INJURY (TBI)

Brain injury can be caused by a variety of factors. Symptoms are determined by the section of the brain that is injured and can vary greatly from person to person. Effects of a brain injury can be physical, cognitive, social, and/or emotional. Damage on one side of the brain tends to affect the opposite side of the body. People with brain injuries often have a predisposition to seizures. The two most common types of brain injury are:

Stroke: A temporary loss of blood and oxygen to the brain. Strokes are either ischemic, blockage of a blood vessel, or hemorrhagic, eruption of a blood vessel.

TBI: A traumatic brain injury is caused by non-organic events such as injury or trauma.

Common characteristics of brain injury include partial loss (hemiplegia) or complete loss (hemiparesis) of function or control of one side of the body. People with this condition often have balance issues and/or possible vision loss. Other common characteristics include lack of coordination, limited agility and cognitive difficulties including memory deficits, limited attention span and/or lack of judgment.

Considerations: Individuals with an acquired brain injury are often frustrated by what they can no longer do. Be considerate and support the person to accomplish his or her goals. Set realistic expectations, within a realistic time frame. If memory loss is of concern, write down important information or loop-in the individual's family or caregiver.

EPILEPSY

Epilepsy is a disorder of the central nervous system by unusual electrical activity in the brain that causes seizures. Seizures are sudden, brief changes in how the brain works. This causes partial or complete, and brief or prolonged, lapses in consciousness.

Seizures usually last a short time (a few seconds) and can be either convulsive or non-convulsive. The most common types of seizures are:

Grand Mal - The most dramatic type of seizure, characterized by loss of consciousness, rigidity, jerking of the extremities and falling. When a grand mal seizure occurs, move anything dangerous out of the way, place the person in a comfortable position, preferably on their side. Do not place anything between their teeth. When a seizure has ended, the person may feel disoriented and embarrassed. Try to ensure that he has privacy to collect himself.

Petit Mal Seizure - During a petit mal seizure, unconsciousness lasts only a few seconds, and may appear as a blank stare. As with other types of seizures, mental processes cease during a petit mal seizure. Other symptoms may include muscle twitching, rolling or blinking eyes, or visual fixation on one object.

Psychomotor and or Focal Motor Seizures - These types of seizures are less frequent and less severe. In some cases, the person may not be aware that a seizure is taking place. Symptoms include, confusion, staggering, performing purposeless movements, and making unintelligible sounds. The person should rest after these types of seizures.

Considerations: Seizures can be brought on by a variety of factors, including tension, stress, or problems with medications. If possible, it's important to know any potential triggers for your participant's seizures. After regaining consciousness, an individual may feel confused, disoriented and sleepy. Be sure to allow an individual to rest after a seizure.

SPINAL CORD INJURIES (SCI)

A spinal cord injury is a severe injury or disease to the spinal cord that causes partial or complete loss of sensation and loss of voluntary movement below the level of injury. The injury is often caused by a broken bone of the vertebrae or a dislocation of the vertebrae.

The spinal cord is an extension of the brain and is composed of nerve cells and fibers. The spinal cord connects the brain to the nerves that control the body's muscles, skin and organs. The higher the injury occurs along the spine, the greater the impact on a person's functionality. There are two common classifications of spinal cord injuries, determined by the level of impact:

Paraplegia- Injury of lower spine (thoracic, lumbar, sacral) with partial or complete paralysis of the lower body, without involving the arms, shoulders, neck or head. Individuals with injuries to the Lumbar region and below can often walk with bracing and crutches.

Quadriplegia - Injury of the upper spine (cervical, T1 and above) with partial or complete paralysis of the body involving both arms and legs. This level of injury may also involve shoulders, neck, head and respiration.

Potential Conditions Associated with Spinal Cord Injuries:

Autonomic Dysreflexia - can be a life-threatening condition. It is a hypertensive (high blood pressure) crisis that can occur in people with a SCI above the T6 level. Symptoms include sweating, gooseflesh, pounding headache and increased spasticity. It is caused by the body's inability to sense and react to specific stimuli, including such things as bladder distention from a kinked indwelling catheter or full leg bag, catheter irritation, skin pressure sores or spasticity from a stretched muscle. If autonomic dysreflexia occurs and is not managed immediately, it could lead to a stroke, coma or even death. Many individuals prone to this condition are aware of the symptoms. Should symptoms occur, sit the person upright and loosen any straps to relieve excessive pressure on the skin. Help the participant check their urinary catheter or leg bag for kinks or plugs. Check for spasticity and relieve the muscle by decreasing the stretch on the spastic muscle.

Skin Sores/Pressure Sores - Sores can develop in areas of insensitive skin, especially in areas of bony prominence such as ankles, knees, hips, sacrum, and ischium. Pressure sores are a very serious condition. Avoid prolonged pressure on the skin by performing weight shifts often. Be aware of improper positioning and check for pressure and pinching. Use adequate padding on bony areas.

Thermoregulation - Many people with an injury of T8 or above are prone to impairments of internal temperature control. It is important to make sure that the individual is dressed appropriately, so they do not become too cold or overheat.

Bladder Functioning - Be aware that many people with SCI have a tube (catheter) inserted into their bladder to deal with bladder control. The catheter connects to a plastic bag that attaches to the leg.

People with SCIs are trained to manage this function. When working with a participant with a SCI, make sure adaptive equipment does not interfere with the leg bag and that the leg bag is placed in a position that will not cause pressure sores.

Other considerations: Many people with a SCI use a wheelchair for mobility. A wheelchair provides a mechanism for moving around and becomes a part of the person's personal space. Never move, lean on, or touch a person's chair without permission.

SPINA BIFIDA

Spina bifida is a birth defect of the spinal column and spinal cord. In this congenital condition, the spinal column fails to fully develop and close around the spinal cord, causing partial or complete paralysis below the level of injury. Individuals with spina bifida also may experience a disruption in the flow of cerebro-spinal fluid (CSF), which nourishes and cushions the brain and spinal cord. This disruption often results in a buildup of fluid and pressure in the head. A shunt may be used to relieve excess pressure in the brain. A shunt is typically located under the skin running from the base of the skull, down the side of the neck and across the chest, where the CSF is reabsorbed by the body. The symptoms of spina bifida are similar to a spinal cord injury at the level of the spinal cord exposure. The extent of an individual's impairment depends on the level of the exposure.

Considerations: If an individual has a shunt, ask if they are able to wear a helmet. Take care to not place pressure on the shunt location. Also provide appropriate padding for the location of the spinal column defect. If necessary, place a donut-shaped pad around the tender area to provide protection. Individuals may also have curvature of the spine, impacting the person's center of mass and resulting in balance issues. People with spina bifida are often prone to skin problems caused by poor circulation. Make sure to take protective measures to avoid pressure sores, frostbite, excessive heat or cold.

MULTIPLE SCLEROSIS (MS)

Multiple Sclerosis is a progressive disease of the central nervous system in which the body's nerve fibers become scarred (sclerosed). The myelin sheath (insulation around nerves) allows messages from the brain and spinal cord to be sent throughout the body. Individuals with MS lose sections of the myelin sheath along different areas of the nervous system, which in turn blocks the impulses of the nerves. Because MS can strike anywhere in the nervous system, the symptoms can vary widely, even with the same person.

MS is characterized by muscle weakness, chronic fatigue, balance problems, head intolerance, and sometimes visual and cognitive impairments. Some people experience paralysis or weakness in their extremities, mood swings and slurred speech. Many people with MS have an unsteady gait and shaky movements in the limbs.

Considerations: When working with individuals with MS, watch for evidence of fatigue. Provide assistance as needed, and avoid unnecessary exertion. As symptoms vary, it is important to have a continuing dialogue with the individual about her/his needs from day to day.

MUSCULAR DYSTROPHY (MD)

Muscular Dystrophy includes a group of hereditary disorders that are characterized by the progressive and irreversible wasting of muscle tissue. MD may include weakness of both voluntary and skeletal muscles, which control movement. The degeneration of the muscle tissue originates within the muscle tissue itself (compared to MS where muscle atrophy is the result of neurological defects).

The various types of MD have different symptoms; however, all typically experience a progressive loss of muscle tone. The muscles first affected are usually the pelvic girdle and upper legs, then shoulder girdle and arms. People with MD may walk with the aid of crutches or a cane, although eventually most require a wheelchair.

Considerations: Because of the lack of muscle tone, the person's joints may be more susceptible to injury. Strength, endurance and balance may be issues impacting performance. When working with a person with MD, watch for evidence of fatigue. Provide assistance as needed and avoid unnecessary exertion.

Cognitive Disability Information

INTELLECTUAL DISABILITY (ID)

Intellectual disability is a disability characterized by significant limitations both in intellectual functioning (reasoning, learning, problem solving) and in adaptive behavior, which covers a range of everyday social and practical skills. An intellectual disability limits a person's ability to learn at an expected level. Intellectual disability can be caused by injury, disease or

development of the brain before or after birth, and originates before the age of 18. Intellectual disabilities were formerly known as “mental retardation,” which is no longer an acceptable term.

Considerations: Use clear instructions, and break a task down into its components, and ask one question at a time. Be patient with answers. Work with the individual or caregiver to figure out how he/she learns best.

DOWN SYNDROME

Down syndrome is a genetic disorder caused by an extra chromosome. Individuals with Down Syndrome often experience cognitive delays, although the effects are typically mild to moderate. These cognitive delays may include characteristics such as poor judgment, short attention span, impulsive behavior, and delayed language/speech development. Individuals with Down Syndrome also may experience decreased or poor muscle tone, as well as excessive joint flexibility.

Considerations: Have high expectations for an individual with Down Syndrome. Be enthusiastic and encouraging in your feedback. When planning goals, be guided by the individual’s ability and needs. Use clear instructions and break a task down into its components. Ask the individual to repeat or rephrase instructions. Work with the individual or caregiver to figure out how he/she learns best. Be aware of impulsive behavior and watch for signs of fatigue.

ATTENTION DEFICIT DISORDER (ADD)/ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

ADD and ADHD are neurological syndromes that are usually hereditary. ADD is characterized by distractibility, short attention span, impulsiveness, hyperactivity, and restlessness that interfere with everyday function. ADHD is ADD combined with excessive activity and energy.

Considerations: Keep the individual engaged and focused by staying active. Individuals with ADD/ADHD often have a hard time sitting still to listen as you explain something. Make your lesson interactive and encourage the person to learn by doing. Have skills, drills, and games planned ahead of time. Establish eye contact when speaking to an individual with ADD/ADHD. Give instructions one at a time and repeat, as necessary.

AUTISM SPECTRUM DISORDERS

Autism spectrum disorder (ASD) is the name for a group of developmental disorders. ASD includes a wide range, “a spectrum,” of symptoms, skills, and levels of disability. People with ASD often have ongoing social problems that include difficulty communicating and interacting with others, repetitive behaviors, focused and limited interests or activities, and obsessive resistance to change. Many individuals with autism do not like to be touched. Some people are mildly impaired by their symptoms, while others are severely impaired. ASD can be associated with intellectual disability, difficulties in motor coordination and attention.

ASD is unique in that it is common for people with ASD to have many strengths and abilities in addition to challenges. Strengths and abilities may include having above-average intelligence, being able to learn things in detail and remember information for long periods of time, being strong visual and auditory learners, excelling in math, science, music, or art.

Considerations: Use a calm, even tone of voice and give clear, succinct, and direct instructions. Give the person ample time to respond before repeating instructions. Provide visual cues when possible; a thumbs up when the participant is doing well, pointing in the direction you want the participant to go. Individuals on the autism spectrum like order and routine and find it very difficult when their day is disrupted or changed without notice. Create a routine and stick to it! Consult the individual's support system to ask for other strategies for success.

Sensory Disability Information

HEARING IMPAIRMENT

A hearing impairment occurs when one or more parts of the ear or brain that are needed to process sounds become diseased or damaged, resulting in partial or total loss of hearing. Hearing impairments can be caused by injury to the ear or brain. Damage to the middle ear can often be offset by the use of a hearing aid. Damage to the inner ear or the brain is often more severe, and hearing aids may not be beneficial. Some people with hearing impairments also have balance issues associated with the inner ear. Speech impairments are a common secondary condition.

Considerations: People with hearing impairments may communicate in a variety of ways. Some methods of communication include reading lips, sign language or finger spelling. People with hearing loss often rely on facial expressions and body language to understand the conversation. Be sure to speak clearly and face the person when speaking. Do not over-enunciate words.

VISUAL IMPAIRMENT

The most common causes of visual impairment in the United States are diabetes, myopic degeneration and glaucoma. Legal blindness is defined as corrected visual acuity of 20/200 or less. This means that at a distance of 20 feet, a person who is legally blind can see what a person with 20/20 vision can see at 200 feet. More than 90% of persons who are legally blind have some residual eyesight. Many can perceive light and can sense motion.

Considerations: When working with a person with a visual impairment, communication and guiding are very important. Speak to the participant so that he or she is aware of where you are. Use a normal voice and tone. Take the time to determine the level of sight the person has and ask how long the person has had the visual impairment. A person who has recently lost sight may have more balance issues or nausea. Determine whether the person has other secondary

conditions, such as a brain injury. When guiding, always ask the participant how he or she prefers to be guided. Be consistent and use clear communication. Remember, you are the person's eyes in an unknown environment.

POST-TRAUMATIC STRESS (PTS)

Post-traumatic stress (PTS) is a mental health condition that is triggered by either direct or indirect exposure to a traumatic experience. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event. Although often referred to as post-traumatic stress disorder (PTSD), it is important to understand that PTS is a normal response to an abnormal set of circumstances and is therefore not a disorder.

Some common symptoms of PTS are psychophysical and emotional numbing/detachment, hyperarousal (irritability or constant alert for danger) and acting or feeling as if the event is recurring (flashbacks). Visual cues include irritable behavior or anger outbursts, trouble with concentration, hypervigilance (constantly "on guard") and an exaggerated startle response.

Considerations: As with any of our participants, ask before touching an individual with PTS. Avoid possible triggers, if possible - these might include crowds or loud and unexpected noises (such as avalanche explosives). If the participant has a flashback or an anxiety attack, give them space to remove themselves from the activity. Make sure that they are safe, then check-in after a few minutes. Don't hover, and when appropriate, ask how you can help them feel more comfortable.

Participant Evaluation

Participant evaluation starts with their registration form. There are specific questions that can address the individual's strengths and weaknesses. DREAM staff will often place a phone call after registration forms have been received to learn more about the participant. This information will be shared with volunteers either through a participant folder or through a direct conversation. Only so much can be determined on paper and over the phone, and there is much to learn when the participant arrives for their first lesson. Our goal at DREAM is to set the participant up for success and give them as much independence in the lesson as possible.

1. Observe the participant as they walk or wheel toward you. How are they moving around? What types of mobility aides do they use? Are they receiving assistance from another person? When you greet them, do they have hand strength to shake, do they look you in the eye and say hello? Greetings are a great time to do an initial assessment for strengths and weaknesses.
2. Ask the participant or his/her family or caregiver to describe their goals for the session.

3. Start to describe the activity and let the participant (or support system) guide you based on their knowledge of their abilities. Most individuals will offer reliable information and know their strengths and weaknesses.
4. It is important to conduct a thorough participant assessment prior to heading out for the lesson. Identify strengths and leverage them. Use adaptive equipment to assist where there are weaknesses. Test range of motion and strength in all four limbs. Test balance. If the participant is standing, have them raise each leg one at a time. Have the participant squeeze your fingers, push down on your palms with theirs, provide resistance: have the participant flex their ankles by pushing against your hand as if they are pushing a gas pedal, have them pull up with their toes against your hand by lifting their toes to their nose, etc. If the participant is seated in a wheelchair, find other ways to test their strength and movement. See how far they can reach forward and side to side to assess core strength. Do they have any shoulder issues?
5. It is important to also ask the participant about any devices they might have (catheter, shunt, etc.) to ensure your adaptations are taking everything into consideration. Additionally, this is a good time to ask about medications that might impact the lesson. You might need to remind your participant to take their medication, but *NEVER administer medication under any circumstances.*
6. Communicate with the participant and their family or support system throughout the evaluation. Make it a team effort to ensure the participant is comfortable with you and the decisions you are making. Never be shy about asking a Dream staff member for assistance in the evaluation.
7. Be prepared to make adaptations throughout the lesson to ensure participant comfort and safety. It is perfectly acceptable to return to the base lodge to acquire different equipment or make adjustments.

Conclusion

Thank you for taking the time to read the Volunteer Handbook and become familiar with our organization and the individuals we serve. DREAM staff is always available for questions and is happy to provide additional information. We greatly appreciate and welcome feedback.