

Office Use Only

Name _____

Date Received _____

Session: Fall
 Spring
 Summer



Department of Exercise and Sport Science

Physical Activity Mentoring Program
for Persons with Disabilities

UW-L Student Mentor Application Packet

Return Completed Application to:

Center on Disability Health and Adapted Physical Activity
Mentoring Program Coordinator
108 Mitchell Hall
608-785-8695
mentorprogram@uwlax.edu

Visit at: <https://www.uwlax.edu/center/cdhapa/>

Checklist for Mentors:

Before you submit your application to the Mentoring Program Coordinator, please be sure to check off all items on the list below.

- I have read the “Mentor Information” on the Center on Disability Health website: <https://www.uwlax.edu/center/cdhapa/center-sponsored-programs/physical-activity-mentoring/mentor-information/> and understand what is required as a mentor.
 - I have filled out and signed the Mentor Application/Release of Liability Form
 - I have made a copy of my driver’s license to submit with this application
 - I have made copies of my CPR and First Aid Certification Cards to submit with this application. If you do not have current certification, the program provides this training for current mentors.
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Mentor Application Form
Physical Activity Mentoring Program for Individuals with Disabilities

Information Form and Release of Liability

The University of Wisconsin-La Crosse Physical Activity Mentoring Program for Individuals with Disabilities involves a variety of activities that include warm-ups, games, group and individual involvement, and other physically active experiences. Participation in the program and its activities is at all times an individual choice. There is always the possibility of injury, which must be assumed by each mentor that he or she could endure at any time.

The Physical Activity Mentoring Program for Individuals with Disabilities policy requires that every mentor have health/accident insurance coverage, a criminal background check, sex offender check, as well as proof of driver's license (mentors are NOT required to have a car, nor allowed to transport mentees). Furthermore, certain health/medical information must be made known to the director(s) so that they are prepared to help mentors make informed choices about their level of participation during a University of Wisconsin-La Crosse or Community Youth-Service Agency activity program.

The following information will be held in confidence. Please complete the form and return it to, Physical Activity Mentoring Program Coordinator, University of Wisconsin-La Crosse, Department of Exercise and Sport Science, 108 Mitchell Hall, La Crosse, WI 54601. If you have any questions, please contact the Physical Activity Mentoring Program Coordinator at 608-785-8695 or 8690 or via e-mail mentorprogram@uwlax.edu

Applicant Information: By completing and submitting this application you acknowledge and grant permission for us to conduct individual background checks.

Name (Please Print): _____ Student ID No. _____

Gender: Male Female (no response) Date of Birth: _____

Phone Number _____ Email _____

Session(s) applying for (check all that apply): Fall Spring Summer

Do you have health/accident insurance? Yes No If yes, name, and address of company:

Do you have a valid driver's license? Yes No If yes, driver's license #, expiration date, and State:

Are you First Aid Certified? Yes No Are you CPR Certified? Yes No

If yes, please supply a photocopy of your certification cards as well as your driver's license for our records

Emergency Information:

Emergency Contact Name: _____

Relationship: _____ Phone: _____ Cell: _____

School Information:

School/College attending: _____ Grade/Year: _____

Major: _____ Minor: _____

Medical Information:

Note: In the interest of trying to provide a successful experience for all mentors you are required to answer the following questions. This information will be kept in confidence by the University of Wisconsin-La Crosse and only shared with your permission.

Do you have any limiting physical or health conditions (temporary or permanent)? ___ No ___ Yes

If yes, identify and explain: _____

Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)? ___ No ___ Yes

If yes, what are you taking, and what condition is it for _____

Do you have any allergies, reactions to medications, or any other medical limitations? ___ No ___ Yes

If yes, identify and explain: _____

Do you have any of the following symptoms/conditions? Circle yes or no and describe below.

- A. Any history of heart disease or heart attack? Yes No
- B. High blood pressure or any history of high blood pressure Yes No
- C. Any chest pains/pressure heart palpitations or heart murmurs? Yes No
- D. Ever had a stroke? Yes No
- E. Diabetes? Yes No
- F. A seizure disorder/or ever experienced a seizure? Yes No
- G. Asthma/or experience shortness of breath? Yes No
- H. Do you ever get headaches/light-headed/or experience dizziness? Yes No

If you checked "yes" to any of the above questions (letter A-H), identify the condition and describe below:

Condition: _____

Detailed Description: _____

Condition: _____

Detailed Description: _____

Condition: _____

Detailed Description: _____

Other concerns/issues we should be aware of if you are accepted into this mentor program?



Photo and Video/Testimonial Release

Form

Copy and reuse form as needed

I/We hereby confer upon the University of Wisconsin-La Crosse, the University of Wisconsin-La Crosse Alumni Association and the University of Wisconsin-La Crosse Foundation the unrestricted and irrevocable right and permission with respect to the photographs and/or video taken of me or my children or in which we may be included with others:

- a) To use, reuse, publish and republish the same intact or in part, separately or in conjunction with other photography, in any medium now and hereafter known, and for any purpose whatsoever (including illustration, promotions, advertising and trade) and;
b) To use my name and any testimonial I have provided to the university in connection therewith if UWL so decides.

I/We hereby release and discharge the photographer and/or videographer and the University of Wisconsin-La Crosse, the University of Wisconsin- La Crosse Alumni Association and the University of Wisconsin-La Crosse Foundation, from all and any claims and demands ensuing from on or in connection with the use of the photographs including any and all claims for libel and invasion of privacy.

I/We have read the foregoing and fully understand the contents hereof.

(Subject's name and signature) Phone Number (Date)

When securing releases from multiple subjects it is acceptable to use one release form signed by all relevant persons. You may use the back of this form for additional signatures.

PHOTOGRAPHY AND VIDEOGRAPHY RELEASE OF MINOR(S)

I have read the foregoing and fully understand the contents hereof. I represent that I am the (parent/guardian) of the below named subjects. I hereby consent to the foregoing on his/her behalf.

Name of Parent or Guardian Minor Name(s)

Click or tap here to enter text.

(Parent or Guardian Signature)

Address

City State Zip

Phone Email

(Witness Name and Signature) (Date)

For office use: Photo and Video/Testimonial used for
Photographer/Videographer