

Office Use Only

Name _____

Date Received _____



**University of Wisconsin-La Crosse
Department of Exercise and Sport Science**

STUDENT VOLUNTEER APPLICATION

Please check which program(s) you are applying for:

- Children's Motor Development Program (Thursdays)**

- Adult Physical Fitness Program (Tuesdays/Thursdays)**

Return Completed Application to:

Heidi Beddoes, Program Assistant
Center on Disability Health and Adapted Physical Activity
108 Mitchell Hall
608-785-8690
Visit At: <http://www.uwlax.edu/cdhapa/>

CHILDREN'S MOTOR DEVELOPMENT PROGRAM (MDP)

The MDP is a well-known, on-campus community service program that enhances physical activity and gross motor skills of children and youth with disabilities, ages 4-21, through individual and small-group health-related fitness and motor skill interventions. Each semester, UW-L college student instructors work one on one and assist staff to plan and implement physical activity interventions for gross motor skills, swimming skills, fun health-related fitness, adapted sport, and physical recreation skills. All activities take place in Mitchell Hall from 5:00-7:30pm Thursday nights.

ADULT PHYSICAL FITNESS PROGRAM (AF)

The Adult Fitness program provides personalized, fitness exercise programs for adults, 18 years and older, with physical and/or cognitive disabilities twice a week in 1-hour sessions. Participants exercise in aquatics and/or the fitness center to improve functional gross motor skills, cardiorespiratory endurance, muscular strength and endurance, flexibility, and body composition. Student instructors work one on one with a participant while creating and implementing an individualized fitness program. All activities take place in Mitchell Hall on Tuesday's and Thursday's as scheduled with your participant.

If interested in volunteering for the Adult Physical Fitness Program, please check all semesters, days and times you are available below.

Semester: Fall
 Spring
 Summer

Tuesday: 12:00
 1:00
 2:00
 3:00

Thursday: 1:00
 2:00
 3:00

CONSENT FOR BACKGROUND CHECK FOR UW-L STUDENT

The Children's Motor Development Program, Adult Physical Fitness Program and Children's Adapted Aquatics requires every volunteer to complete criminal background and sex offender checks.

The following information will be held in confidence. **Please complete the form and return it to Heidi Beddoes, Program Assistant**, University of Wisconsin-La Crosse, Mitchell Hall 108.

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

Do you grant us permission to conduct an individual background check? YES NO

1. Have you ever been convicted of a felony crime? If yes, please explain. YES NO

2. Do you currently have felony charges pending? If yes, please explain. YES NO

3. Have you been convicted of a misdemeanor crime? If yes, please explain. YES NO

4. Do you currently have misdemeanor charges pending? If yes, please explain. YES NO

PERSONAL INFORMATION

1. Name (Please Print): _____

2. Student ID Number: _____

3. Gender: Male Female No response

4. Date of Birth: _____

5. Phone Number: _____

6. Email: _____

7. Year in School: _____ Major: _____

Minor: _____

EMERGENCY INFORMATION FOR UW-L STUDENT

The University of Wisconsin-La Crosse Children's Motor Development, Adult Physical Fitness and Children's Adapted Aquatics Programs involve a variety of physical activities that include warm-ups, games, group and individual physical activity, aquatics and other physically active experiences. Participation in the program(s) and its activities is at all times an individual choice. There is always the possibility of injury, which must be assumed by each volunteer, that he or she could endure at anytime.

1. Emergency Contact Name: _____

2. Relationship: _____

3. Home Phone: _____

4. Cell Phone: _____

MEDICAL INFORMATION

In the interest of trying to provide a successful experience for all volunteers 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.

1. Do you have health/accident insurance? Yes No

- If yes, name and address of company:

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

- If yes, identify and explain: _____

3. Are you currently taking any prescribed medication for a health condition? Yes No

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

- If yes, identify and explain:

5. Do you have any of the following symptoms/conditions?

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: _____

VOLUNTEER EXPERIENCES

Describe in detail experiences you have had (or are currently involved in) working with individuals with disabilities in exercise, fitness programming or physical education/physical activity/sport/recreation settings.

Describe in detail any experiences you have had in the past (or currently) working or regularly working with individuals with disabilities in any other capacity.

Rank the following age/grade levels of individuals which you feel most comfortable (1=least comfortable; 5=most comfortable).

Level	Least Comfortable			Most Comfortable	
	1	2	3	4	5
Preschool (ages 3-5)					
Elementary (ages 5-12)					
Middle School (ages 12-14)					
High School (ages 14-18)					
Adult (ages 18+)					

List any special training and/or skills that you have (e.g. lifeguarding, belay certification, first aid, CPR, etc)

RELEASE OF LIABILITY

I understand that parts of the Children’s Motor Development, Adult Physical Fitness, and Children’s Adapted Aquatics Programs (Programs) can be physically and emotionally demanding. I affirm that my health is good, and that I am under a physician’s care for any undisclosed condition that bears upon my fitness or health to participate in any activities presented by the University of Wisconsin-La Crosse Programs. I recognize the inherent risk of injury or disability while participating in the University of Wisconsin-La Crosse’s Programs. I understand that each volunteer must assume the risk of physical injury that could result from any of these activities. I release the University of Wisconsin-La Crosse, the Children’s Motor Development Program staff, Adult Physical Fitness Program staff, Children’s Adapted Aquatics Program staff, Grant staff, Youth-Service Agency staff, and School District of La Crosse from all liability for any injury or disability that may occur while participating in the University of Wisconsin-La Crosse’s Programs and activities. I also understand that with this the certain information from the Programs may be released for educational purposes and demonstrations to improve program development and future replication.

I understand the above statement and release liability. Yes No



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