

Official Use Only  
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Time \_\_\_\_\_

# IMPACT

Individualized Movement and Physical Activity for Children Today  
health.oregonstate.edu/IMPACT



## VOLUNTEER APPLICATION

Fall \_\_\_\_\_  
Winter \_\_\_\_\_ Year: \_\_\_\_\_ Name \_\_\_\_\_  
Spring \_\_\_\_\_ Last First Middle Initial  
Age \_\_\_\_\_ Gender: M F (circle) Year in School \_\_\_\_\_

Local Address \_\_\_\_\_  
\_\_\_\_\_

Permanent Address \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_  
School Home

OSU Email Address

Permanent Email Address

Area of Study \_\_\_\_\_

My participation in IMPACT will be: (check one)

\_\_\_\_ Volunteer \_\_\_\_ Practicum experience - Specify which class \_\_\_\_\_

Have you ever worked in IMPACT before? YES NO

If yes, which group leader did you work with? \_\_\_\_\_

If yes, which child did you work with? \_\_\_\_\_

Would you like to work with this child again? YES NO

Have you ever worked with a child with a disability? YES NO

Are you interested in working with a child with a mild disability? YES NO

Are you interested in working with a child with a severe disability? YES NO

Do you have any special skills, training or experience in working with children with disabilities?  
(for example, sign language, summer camp) If so, please describe.

\_\_\_\_\_  
\_\_\_\_\_

What is your current swimming ability (none, intermediate, etc.) and please describe any aquatic related training (WSI, Lifeguard, etc.)

Please list any previous experience working with children, adolescents, or adults with and without disabilities:

Do you speak any second languages? If so, which \_\_\_\_\_

If available, what age group would you prefer to work with?

\_\_\_\_ 0-4      \_\_\_\_ 5-7      \_\_\_\_ 7-9      \_\_\_\_ 9-11      \_\_\_\_ 11-13      \_\_\_\_ 13+

**Statement of Conduct and Consent for Photographs, Videotapes, Movies, or Television**

*I understand that as a participant in this program I am expected to conduct myself in a professional manner, and in a manner that is appropriate to interaction with children.*

*I, the undersigned hereby authorize photographs, videotapes, or movies by representatives of the IMPACT staff in contributing to the educational development of this staff in advancement of teaching techniques and program activities. I further agree that the above named program may use or permit other persons to use the negatives or the prints prepared therefrom for any such educational or advertising purposes and in such manner as may be deemed beneficial and necessary for IMPACT and/or Oregon State University.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

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**IMPACT is held Friday evenings from 5:00 to 7:00 p.m.**

(5:00-5:30 pre-clinic meeting with group leader)

**IMPACT sessions start the second Friday of the term and the final night is during dead week; there is no session the Friday after Thanksgiving and the Friday before Memorial Day**

**Attendance is expected at every session. Please list any Friday dates which you have a scheduling conflict.    Date\_\_\_\_    Date\_\_\_\_**

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**We will not notify you – just show up at orientation (mandatory): First Friday of the Term, 5:00 – 6:30 p.m., Women’s Building, Gymnasium, Room 112. COME PREPARED to do activities in the gym and swimming pool. Questions – email Jen Morgan at: [morgajen@onid.orst.edu](mailto:morgajen@onid.orst.edu)**

**Return application before orientation** to Women’s Building, room 107E (there is an envelope on the wall next to the door for completed applications) or turn into room 123.