Adaptive Exercise Clinic

**VOLUNTEER APPLICATION**

<https://health.oregonstate.edu/fsf/adaptive-exercise-clinic>

Fall \_\_\_\_\_\_

Winter \_\_\_\_\_\_

Spring \_\_\_\_\_\_ Year: \_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer \_\_\_\_\_\_ Last First Middle

Age \_\_\_\_\_\_\_\_ Gender: M F Gender not Listed (circle) Year in School\_\_\_\_\_\_\_\_\_\_\_

\*\*Gender specific locker rooms are currently used; Gender inclusive options are available. Please see faculty prior to volunteering to discuss these options.

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

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_

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

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School Home

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

**OSU Email Address Personal Email Address**

1. My participation in AEC will be: (check one)

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

2. Have you submitted a volunteer application to AEC last term? YES NO

3. Have you ever worked with a person with a disability? YES NO

4. Have you ever worked with AEC before (previously MS Clinic)? YES NO

 If yes, which participant did you work with?

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

5. Please choose the type of disability you feel most comfortable working with:

\_\_\_\_\_No limitation to mild disability (i.e., may have balance issues, fatigue, or heat sensitivity)

\_\_\_\_\_Mild to moderate disability (i.e., uses a cane, scooter, walker, does not require transfers)

\_\_\_\_\_Severe disability (i.e., uses wheelchair, assistance needed for most exercises, may require transfers)

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

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

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

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

*I, the undersigned hereby authorize photographs, videotapes, or movies by representatives of the Adaptive Exercise Clinic 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 there from for any such educational or advertising purposes and in such manner as may be deemed beneficial and necessary for Adaptive Exercise Clinic and/or Oregon State University.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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## The Adaptive Exercise Clinic sessions are held TTH from 2-3pm

In Room 12/13 of Langton Hall

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

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

# We will not notify you - just show up to orientation (Mandatory) which will be the first Thursday of the term in Langton Hall Room 12/13. Volunteer positions are limited.

# Questions? – email Nick Fraser at fraserni@oregonstate.edu

Submit application via email listed above or drop off in person to the FSF office (room 123 Langton Hall)