IMPACT for Life (I4L)
Physical Activity Mentoring Program for Young Adults (21-35)
A program in various athletic facilities in Corvallis on days chosen by volunteer and participant
This is not the Friday night IMPACT program in the Women’s building
health.oregonstate.edu/impact-for-life

VOLUNTEER APPLICATION

Term _______ Year ________ Name _______________________________________
Last                                      First  Middle Initial
Age ________ Gender:      M      F     (circle) Year in School _________________________
Local Address ___________________________________________________________________
___________________________________________________________________
Permanent Address  _______________________________________________________________
___________________________________________________________________
Phone #: ______________________    _______________________
                      School       Home
OSU Email Address ___________________ Personal Email Address ___________________
Area of Study _________________________________________________________________

My participation in IMPACT for Life will be:   (check one)
_____ Volunteer   _____ Practicum experience - Specify which class _____________________

Have you ever worked in IMPACT for Life before?   YES  NO

If yes, which participant did you work with ______________________________

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

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

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

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

Are you CPR certified through end of term?     YES  NO

If not, we will provide training

Are you able to commute off campus (e.g. SamFit, Osborn, etc)?  YES  NO

Other options available – Carpool & Public Transportation
Do you have any special skills (e.g. second language, sign language), training, or previous experience in working with persons with disabilities (e.g. volunteer, summer camp)? If so, please describe.

________________________________________________________________________________
________________________________________________________________________________

**Availability (Check the time and days that you are available):**

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**Physical Activity Interest (Check all that apply):**

- CrossFit
- Swimming
- Cycling
- Soccer
- Zumba
- Aquatic Aerobics
- Tai Chi
- Racquet Sports
- Golf
- Yoga
- Basketball
- Running/Walking
- Weight Training
- Movement Class
- Bowling
- Dance

Others (be specific): _______________________________________________________________

**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.

Signature _______________________________________  Date ___________________

Print Name ______________________________________

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IMPACT for Life sessions are scheduled by the volunteer and the participant.
IMPACT for Life sessions start the week of October 1st and the final night is during dead week;

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**ORIENTATION:** The mandatory orientation is on September 28th, 4:00 – 5:30 pm, Women’s Building, Room 210. Questions – email Willie Leung, leungc@oregonstate.edu

Return application before orientation to Yellow Envelop outside of Women’s Building, room 13
As a volunteer working at Oregon State University (OSU), this document outlines the conditions of your volunteer service, assumption of risk and the extent to which you may be covered by OSU insurance. Please read carefully and sign both sides to acknowledge the conditions of volunteer service and to assume the risks associated with your volunteer activity (hereafter referred to as ACTIVITY).

**TORT LIABILITY**
OSU will indemnify and defend you against civil actions for injuries or damage to the person or property of others, subject to the following general conditions: (1) You are working on an OSU task assigned by an authorized OSU supervisor; (2) You limit your actions to the duties assigned (defined in the assigned duties section below); and (3) You perform your assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others.

**MOTOR VEHICLE LIABILITY**
If you use a personally owned vehicle in the course of your duties, you are required to have automobile liability insurance in accordance with Oregon law. Your personal insurance will provide your primary coverage for any accidents involving the personally owned vehicle you are driving. Oregon State University-provided automobile liability coverage may apply on a limited basis only after your primary coverage limits have been used and only where the indemnification conditions set forth above are applicable. You MUST possess a valid driver’s license.

**WORKERS’ COMPENSATION INSURANCE**
Workers’ compensation coverage is not provided for volunteers of OSU.

**UNIVERSITY RULES AND REGULATIONS**
You will conduct yourself in a manner that is considerate of other participants and in accordance with OSU Rules and Regulations (including Student Code of Conduct, when applicable) and with any state, city and applicable laws or rules where the ACTIVITY is occurring.

**RECORDED MEDIA**
I recognize and acknowledge that the University may record my participation and appearance on any recorded medium including, but not limited to video, audio, photos (collectively, “recordings”) for use in any form (including, but not limited to print, websites, blogs, internet, social media). I authorize such recording and release the University to use my name, likeness, voice, and biographical material to exhibit or distribute such recordings in whole or in part without restrictions or limitations for any educational or promotional purpose. If you would like to opt out of this section, please request the Photo Opt Out Release from your OSU supervisor.

**REPORTING RESPONSIBILITY**
Any time you are involved in any accident or exposed to a potential liability situation while performing assigned duties, you MUST inform your OSU supervisor as soon as possible. The supervisor must contact the OSU Claims Representative in Enterprise Risk Services at (541) 737-7350 within 24 hours.

**ASSIGNED DUTIES** (Describe below or attach additional sheet. Forms cannot be accepted without this information.)
Assist adults with disabilities performing adapted physical activity.

**TOTAL VOLUNTEER HOURS:** 17.5 / term Estimate total hours for the duration of this activity, up to 12 months.

I have read and understand the above duties and conditions of volunteer service.

Volunteer Name (please print): 
Telephone Number: 
Address: 
City: 
State: 
Volunteer Signature: 
Date: 
OSU Supervisor Name: 
Telephone Number: 541-737-2176 
Unit/Department: College of Public Health and Human Sciences 
OSU Supervisor Signature: 
Date: 

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.
Activity: Impact for Life

Please read carefully:

With full knowledge of the facts and circumstances surrounding the ACTIVITY, I voluntarily participate in the ACTIVITY and assume the responsibilities and risks resulting from my participation. As an authorized OSU volunteer, I understand that OSU will provide liability coverage as detailed previously. I, for myself, my heirs, executors, administrators and assigns, waive, release and forever discharge Oregon State University and its respective board members, officers, employees, agents and volunteers from any and all demands or claims for damage or injury, from any cause of suit or action, known or unknown, that I may have against Oregon State University or its board members, officers, employees, agents or volunteers, including but not limited to from all liability under the Oregon Tort Claims Act, ORS 30.260 – 30.300, and for any and all harm or damage to my health in any matter resulting from or arising out of my volunteer activities. This release does not extend to or waive any rights I may have under the Oregon Tort Claims Act, ORS 30.260 – 30.300 to defense and indemnification from any demand, claim, suit or action brought against me, or liability I may be subject to, or arising out of my authorized volunteer activities.

I certify that there are no health-related reasons or problems that preclude or restrict my ability to volunteer for the University. I understand that an emergency may develop which necessitates the administration of medical care. Therefore, in the event of injury or illness, I authorize the University to facilitate means to secure appropriate medical treatment. I understand that such treatment shall be solely at my expense. Notwithstanding this paragraph, I understand and agree that the University has no obligation to provide or seek out any medical treatment. I also authorize the University to contact the individual identified as an emergency contact in the case of an emergency.

Emergency Contact Name: ___________________________ Telephone Number: ___________________________

I declare that I am eighteen years of age or older, that I have read this entire agreement and understand the above provisions and that I agree to be bound by them.

I understand that by signing this agreement I am releasing claims and giving up substantial rights, including my right to sue.

Volunteer Name (Please print): ___________________________ Date: ___________________________

Volunteer Signature: ___________________________ Date: ___________________________

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REQUIRED FOR ALL PARTICIPANTS UNDER 18 YEARS OF AGE:

PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, ___________________________ , as a parent or legal guardian hereby grant permission for ___________________________ to do volunteer work for Oregon State University (OSU). In the event of an emergency, accident, or illness, I authorize OSU and its employees to administer emergency medical care to my child and, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

Parent or Guardian Signature: ___________________________ Date: ___________________________

Note: Complete a new form every 12 months for on-going volunteer service, or when volunteering for a different activity, or when volunteer duties change. This form needs to remain in the department where the volunteer duties are being performed and be kept in accordance with OSU retention requirements.

This agreement may be executed in two or more counterparts, each of which is an original, and all of which together are deemed one and the same instrument.