

Overcoming Barriers Program

Mentor Name: _____

Program: _____



Mentor Registration Form

Mentor Information Form and Release of Liability Form

James Madison University's Overcoming Barriers Project (Part of the I Can Do It You Can Do It Program) for Youth and Adults with Disabilities involves a variety of activities that include individual and group activities and education components. 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 anytime.

James Madison University's Overcoming Barriers Project for Youth and Adults with Disabilities policy requires that every mentor have a criminal background check, sexual offender check, CPR, and First Aid. Certain health/medical information must be made known to the project director and project coordinator so that they can be prepared to help mentors make informed choices about their level of participation during the program.

The following information will be held in confidence. Please complete the form and return it to Director of Programming, Godwin Hall Room 321, 261 Bluestone Drive, MSC 2302, James Madison University, Harrisonburg, VA 22807. If you have any questions about this form, please contact Dr. Thomas E. Moran, Project Director at morante@jmu.edu or at 540.568.4877.

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

Name (Please Print): _____ SS # ___/___/___

Student ID No. _____ Gender: M or F Date of Birth: ___/___/___

Are you First Aid Certified? ___Yes ___No

Are you CPR Certified? ___Yes ___No

If yes to either, please attach a copy of your certification cards.

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Note: In the interest of providing a successful experience for all mentors we ask you to answer the following questions. This information will be kept in confidence by James Madison University and will only be shared with your permission.

Medical Information:

1. Do you have any limiting physical or health conditions (temporary or permanent)?

___No ___Yes

If yes, identify and explain:

2. Are you currently taking medication (prescribed or otherwise, e.g. cold medicine)?

___No ___Yes

If yes, what medication are you taking, and what for what condition:

3. Do you have any allergies, reactions to medications, or any other medical limitations?

___No ___Yes

If yes, identify and explain:

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

Do you have any history of heart disease or heart attack? Y/N

Do you have high blood pressure or any history of high blood pressure? Y/N

Do you have any chest pains/pressure heart palpation or heart murmurs? Y/N

Do you have diabetes? Y/N

Do you have a seizure disorder/or ever experienced a seizure? Y/N

Do you have asthma/or experience shortness of breath? Y/N

Do you ever get headaches/light headed/or experience dizziness? Y/N

If you circled "yes" to any of the above questions, identify the condition and describe below:

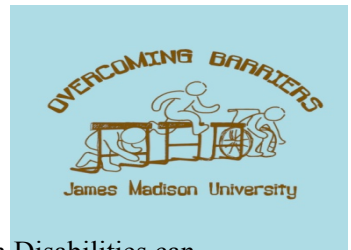
5. Other concerns/issues of which we should be aware?

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Release of Liability:



I understand that part of the Overcoming Barriers program for Youth/Adults with Disabilities 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. I recognize the inherent risk of injury or disability while participating in the James Madison University Overcoming Barriers program. I understand that each mentor must assume the risk of physical injury that could result from any of these activities. I release the James Madison University Overcoming Barriers program staff, grant staff, and Agency staff from all liability for any injury or disability that may occur while participating in the activities. I also understand that with this program, certain information from these programs may be released for educational purposes and demonstrations to improve program development and future replication.

Date: _____ Print Mentor Name: _____

Signature of Mentor: _____

Mentor's Address: _____

City: _____ State _____ Zip Code _____

Home Telephone #: _____ Cell #: _____

E-mail Address: _____

Person to contact in case of an emergency: _____

Emergency telephone number: _____

Relationship: _____

Alternate Number: _____

Photo/Media Release:

Please sign if you grant James Madison University the right to use, reproduce, assign and/or distribute photographs, films, videotapes, and sound recordings of yourself for use in materials they may create.

Signature: _____ Date: _____