

Community Outreach Participant In-take Form

Section 1: Program Information

Community Outreach Program/Trip Name: _____

Date Completed: _____

Section 2: Personal Information

First Name: _____

Middle Initial: _____

Last Name: _____

People Soft Number: _____

Have you previously worked with Community Outreach? Yes No

Net ID: _____

Preferred Email Address: _____

Local/Campus Phone: _____

Cell Phone: _____

UConn Status: Undergraduate Graduate Student Faculty Staff Other: _____

Major: _____

Minor: _____

Anticipated Grad Date (Month/Yr): _____

Section 3: Marketing Information

How did you learn about this program/Community Outreach? (Please check all that apply.)

 Daily Campus Ad Flyer Academic Advisor/ Professor Student Employment/ Financial Aid Office R.A. or Hall Director Cultural Center Community Outreach Staff CO Website FYE Class Involvement Fair Word of Mouth Other (specify) _____

Section 4: Emergency Contact Information

Contact #1: _____

Contact #2: _____

Allergies: _____

Phone (Day): _____

Phone (Day): _____

Current Medications: _____

Phone (Night): _____

Phone (Night): _____

Dietary Needs: _____

Relationship: _____

Relationship: _____

Physical Limitations: _____

Section 5: Participant Agreement

By signing below you are agreeing the following CO participant terms:

- I accept my role as a representative of the University and agree to hold myself to high standards of professional conduct/service. I understand that my actions associated with this activity are governed by the University of Connecticut's Student Code of Conduct.
- I agree to fulfill my commitment in my designated program. I will attempt to participate in all activities for which I am physically and emotionally able. If I am unable to be present for my scheduled time, I will notify my site supervisor/student leader in advance.
- I agree to attend pre-service and in-service orientation/training/reflection sessions in order to (a) learn about the agency/clients that I'll be serving, (b) develop positive working relationships with other participants, (c) understand the relevant social issues, and (d) acquire necessary skills to prevent harm to myself and others. If I cannot attend, I will notify the student leader in advance and schedule a make-up time.
- I will not use or condone the use alcohol and/or drugs during the experience.
- I agree to follow the instructions, policies or procedures set by the designated student leader, professional staff or community partner, and I agree to comply with all reasonable directions and instructions.
- I agree to stay with the group at all times during the experience.
- I will respect the cultural, social, economic, spiritual, and other backgrounds of the program's participants, clients, and communities.
- I understand it is my responsibility to communicate with my site supervisor, student leader, and/or CO staff concerning problems that arise or ideas concerning the improvement of the program.
- I will keep any personal or sensitive information related to my clients, the agency, and the program confidential.
- I understand that any action I take against the instructions, policies or procedures set by the student leader, professional staff or community partner may cause my immediate removal from the program and that all subsequent travel arrangements will be made at my own expense.
- I understand that photographs and/or filming may take place during my participation in the program. I agree to allow Community Outreach to use photos or footage obtained during my involvement in the experience in promotional or archival activities.
- I acknowledge that I am releasing my medical and emergency contact information for the disclosure to and only to appropriate Staff and Student Leaders and this information will only be used in the event of an emergency.

PLEASE PRINT NAME LEGIBLY_____
SIGNATURE_____
DATE

**University of Connecticut
Office of Community Outreach
RELEASE AND WAIVER OF LIABILITY FORM**

This is a legally-binding Release made by me, _____, (please print your full name), and/or my legal guardian, to the University of Connecticut, regarding my participation in the University of Connecticut sponsored Community Outreach program.

As a participant of this program I fully recognize that there may be direct, indirect or inherent risks and hazards involved in the activity of volunteering, and it is with full knowledge of the facts and circumstances surrounding this activity and to the extent permitted by the laws of the State of Connecticut, that I release the University of Connecticut, its employees, agents and representatives from any liability whatsoever arising out my participation in this activity. I also understand that the University of Connecticut does not require me to participate in this activity, but I want to do so, despite the possible dangers and risks and despite this Release.

I assure the University of Connecticut that there are no health-related reasons or problems which preclude or restrict my participation in this activity and that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my participation in this activity.

In consideration of and return for the services, facilities, and any other assistance provided me by the University of Connecticut in this activity, it is my express intent to indemnify and hold the University of Connecticut and its representatives harmless, herein releasing the University of Connecticut and its representatives from any and all liability, claims and/or actions that may arise from injury or harm to me, either from my death or from damage to my property in connection with this activity. I also agree to assume all of the risks and responsibilities in any way associated with this activity and understand that this Release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, as well as my estate, family, heirs, administrators, personal representatives or assigns, if I am deceased and shall be deemed as a "Release, Waiver, Discharge and Covenant" not to sue the above-named University of Connecticut. I further agree to save and hold harmless, indemnify and defend the University of Connecticut from any claim by me or my family, arising out my participation in the activity referenced herein.

If any term of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement and that I execute this release for full, adequate, and complete consideration, fully intending to be bound by the same.

PARTICIPANT:

(Name)

(Signature)

(Date)

WITNESS:

(Name)

(Signature)

(Date)

Must be Completed if Participant is Under 18 Years of Age:

Parent/Guardian further states that I am Participant's Parent / Guardian (circle one), and am fully competent to sign this Agreement; and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Participant, and for Participant's family, estate, heirs, administrators, personal representatives, or assigns to be bond by the same.

PARENT OR GUARDIAN

(Name)

(Signature)

(Date)

WITNESS

(Name)

(Signature)

(Date)