# Portage DD Experiential Learning

Date: / /

## Personal information

Full Name:

Date of Birth:

Email Address

Phone Number:

Full Address:

School/Major/Concentration

## Emergency Contact

Full Name:

Relationship

Phone Number

## Experiential Learning Program Options

**I/DD Nursing Rotational Experience- 5 Days**
This program gives you a broad understanding of I/DD nursing roles in home health, congregate living, and at the county level.

**I/DD Operations Rotational Experience- 5 Days**
This program gives you a broad understanding of how support services are delivered at home, at work and in the community for people receiving DD services in Portage County. Experience a wide variety of roles supporting people.

**Tailored Experiential Learning Experience- 5 days or more**
Develop a customized Experiential Learning Experience. Focus your attention in one particular project or area supporting people with I/DD, or multiple with the focus of developing your knowledge, or improving services.
What is the area you would like to pursue?

If you agree with everything above, please sign here

# Portage DD Experiential Learning Agreement

## Portage DD Experiential Learning Agreement

I,_____ (full name of student)
understand that for the duration of my participation in the Portage DD Experiential Learning Program, I agree to the following:

- If exceed two unexcused absences from the program, I may be removed.
- While at Learning Sites, I will not use my mobile phone unless required.
- I will not take photos, and I will not share Public Health information such as names, addresses, medical information with anyone, and I will protect privacy.
- I will dress appropriately for the role. I won't wear strong perfume or smell of smoke.
- I know that I cannot be left alone at a site, and that I need to stay with an experienced staff member.
- Before starting my assignment, I will complete the prerequisite training with Portage DD.
- I give media consent for my image to be used in promoting the Portage DD Experiential Learning Program.
- The information I provided in this application is true, correct and complete, to the best of my knowledge. I understand that any false or misleading information, omissions, unsatisfactory references or failure to pass a criminal history check may result in the denial of my application or, if discovered after my assignment commences, immediate termination. I authorize Portage DD to investigate and verify all information requested or provided on this application and authorize persons and entities to provide such information. All references listed may be contacted, and I release Portage County and all persons or entities that provide information from all liability or claims relating to the information or decisions made based upon that information.
- I agree to maintain the confidentiality of all information regarding the individuals/agencies/organizations.
- I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with Portage DD may be ended by myself or Portage DD at any time. I also understand and agree that I am not being offered employment with Portage County or the promise of any future employment with Portage County as a result of completing this program.
- If I have any questions, or I have any concerns, I will contact Katrina Kohout at 234-296-1560, or katrinak@portagedd.org.

**RELEASE FOR CRIMINAL BACKGROUND CHECK**

I understand that, as a result of making an application to the Portage DD Experiential Learning Program I am hereby authorizing and requesting that the Portage DD, its agents and authorized employees, make any and all examinations of my criminal record, and I hereby release any police or law enforcement agency, and all individuals connected therewith, from all liability in providing such information.

If you agree with everything above, please sign and date here

Portage DD Staff Verification:

Training Completed

Background Check Completed