



Consultant Application

Representing Student Activities Risk Education, Alcohol and Drug Programs
210.458.4160 utsa.edu/sa/barr barr@utsa.edu UC 1.210
facebook.com/BeRowdyUTSA @UTSABARR

BARR Consultants are student leaders dedicated to purposeful, diverse and educational programming. We support the rights of all students to make their own choices regarding behaviors that affect their health and encourage all students to educate themselves about issues that affect their health. BARR Consultants encourage all students to consider a wide range of healthier behaviors that reduce or eliminate the risk of negative outcomes.

Activities

- Sponsor/co-sponsor/create/facilitate workshops on various risk education topics
- Sponsor/co-sponsor/create/facilitate campus-wide awareness programs and events
- Support Student Activities programs and events

Benefits

- Gain leadership experience (that will make you more marketable)
- National Certification as a Peer Educator
- Opportunities to attend regional/national conferences
- Have fun
- Meet new people
- Make a difference
- Great community service opportunities

Some Important Things That You Should Know

- *Application Directions:* Please type or neatly print your responses on the attached application. You may use additional paper when answering the questions. Completed applications should be returned to the Office of Student Activities (UC 1.210).
- *Application Process:* The Members review all completed applications. Applicants who may be appropriate for the program will be invited to a brief interview or a general meeting.
- *Office Support:* Understanding that an important aspect of being a consultant is interacting with others, office support is vital. Through your work in the office, you will have an opportunity to meet people, create program support materials, and expand your knowledge of the program as a whole.
- *Projects:* This program is built around experiential learning (learning by doing). As a result we undertake a number of projects each semester. Please note that some project activities occur at night.
- *Membership:* All applicants begin their membership as a Consultant in Training in order to learn more about the organization.

KEEP THIS PAGE FOR YOUR INFORMATION

**RETURN COMPLETED APPLICATION TO:
STUDENT ACTIVITIES OFFICE
210.458.4160 barr@utsa.edu
01.2012**



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Name: _____ BannerID:@ _____

Expected Graduation Date: _____ Birthday: _____ / _____ / _____

Classification: Freshman Sophomore Junior Senior Graduate Student

Major/Interest: _____ Minor (if declared): _____

Campus Address: _____

Permanent Address (Home): _____

Phone: _____ Cell Phone: _____

E-Mail: _____ Shirt Size: _____

References: Please list the names of two references (employer, staff/faculty member at UTSA or another university, RA, Hall Director, church, etc.) who may be contacted by a member of the interviewing committee. Relatives are not acceptable.

Name: _____
Title: _____
Address: _____

Name: _____
Title: _____
Address: _____

Phone: _____
E-Mail: _____
Relationship: _____

Phone: _____
E-Mail: _____
Relationship: _____

FERPA RELEASE: In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, I authorize the Student Activities Staff Advisors to review academic records of the official representatives as listed on this application which includes access to my full name, student number, my current Cumulative GPA, local address, permanent address, email address, telephone numbers, classification, major, anticipated graduation date, gender, and birth date for the purposes of ensuring this organization is in compliance with all University Rules and Regulations regarding student organizations.

PRIVACY NOTICE: With a few exceptions, you are entitled to be informed about the information UT San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have UT San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that UT San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

APPLICANT SIGNATURE

Date

OFFICE USE ONLY:	
Application Received On: _____	By: _____
Certified Peer Educator Training Completed: _____	
RCVD Polo: _____	
Consultant: _____	Senior Consultant: _____
Other: _____	

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Please answer the following questions:

1. Why are you applying to be a BARR Consultant/Peer Educator? What do you hope to achieve for yourself and others?
2. What previous experiences (academic, volunteer, personal or work-related) have prepared you in some way to be a peer health educator?
3. What are other extracurricular and work responsibilities you have? How will you manage these time commitments?
4. Describe your experience and knowledge with the topics/issues addressed by BARR.
5. What are common college student attitudes or issues that you would like to see challenged? How would you challenge these attitudes or address the issues?

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UTSA RELEASE AND INDEMNIFICATION AGREEMENT FOR PARTICIPANT

Name of Participant	
Student Identification Number if Enrolled at UTSA	
Name of Parent/Guardian if Participant is < 18 years old	
Address	
Age of Participant	
Emergency Contact/Phone Number	
Description of Activity/Trip (including all associated travel)	Be A Responsible Roadrunner Student Organization Regular/Sanctioned Events, Conferences and Trainings
Location of Activity/Trip	On and/or Off Campus (specific to individual activity/event)
Date of Activity/Trip	February 1, 2012 - May 31, 2012

By signing below, I consent to the Participant's participation in Be A Responsible Roadrunner Student Organization ("Activity/Trip") and I certify that there is no medical reason why Participant should not participate in the Activity/Trip. I acknowledge that the nature of the Activity/Trip may expose Participant to hazards or risks that may result in Participant's illness, personal injury or death, and I understand and appreciate the nature of such hazards and risks. I understand that Participant may have unsupervised access to the internet while on the UTSA campus or while otherwise participating in the Activity/Trip.

Additionally, I understand that Myself/Consultant/Advisor (name of transporter) will transport the Participant during travel to and from the location listed above and during any additional or incidental travel associated with the Activity/Trip. If the Participant chooses to drive or to be a passenger in a personally-owned vehicle for any travel associated with the Activity/Trip, my signature below also acknowledges the following:

- I understand that the Institution assumes no liability or responsibility for the use of such vehicle during any such travel and that the Institution has neither inquired about nor confirmed (a) the driving history, training or licensure of the driver or (b) that the vehicle is covered by a private automobile insurance policy;
- I understand that the Institution carries no insurance that could cover any damages, injuries, claims or other liabilities associated with the use of such vehicle during such travel; and
- I further understand that any private insurance policy covering such vehicle or the driver personally will be responsible for any damages, injuries, claims or other liabilities that may arise from the use of the vehicle during any travel associated with the Activity/Trip.

In consideration of Participant being permitted to participate in the Activity/Trip, I hereby accept all risk to Participant's health, including any injury or death to Participant that may result from such participation, which participation includes all travel associated with the Activity/Trip, and I hereby release UTSA, its governing board, officers, representatives, employees and agents from any and all liability to Participant, Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his or her death, that may arise from or occur during Participant's participation in the Activity/Trip, **WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.**

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from Participant's negligent or intentional act or omission while participating in the described Activity/Trip, **WHETHER CONTRIBUTED TO OR CAUSED BY ANY NEGLIGENCE OF UTSA, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES OR REPRESENTATIVES, OR OTHERWISE.**

Signature of Participant or Parent/Guardian Printed Name of Signatory Date
If Participant is at least 18 years of age OR Signature of Participant's Parent/Guardian if Participant is under the age of 18

Signature of Witness Printed Name of Witness Date

Rev. 9/1/09

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EMERGENCY MEDICAL INFORMATION

(please type or print legibly)

Date _____

Student Name _____
Last First Middle

Address _____
Street or PO Box City, State Zip Code

Telephone Number: Day () Night ()

Name of Nearest Relative _____

Address _____
Street or PO Box City, State Zip Code

Telephone Number: Day () Night ()

Physician's Name _____

Address _____
Street or PO Box City, State Zip Code

Telephone Number: Office () Emergency ()

Allergies _____

Current Medications _____

Dietary Needs _____

Special Health Needs _____

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