

## **SPARTAN RECIPIENT PROGRAM APPLICATION**

The Timpany Center is proud to offer the Spartan Recipient Program.  
To contact us email: [timpany-operations@sjsu.edu](mailto:timpany-operations@sjsu.edu) or call us at 408-283-9036.  
Applications may be submitted via email or hard copy. Soft copies, please include: Your Name; Spring 2024, in the subject line. Hard copies, please include: Attn: Carina Rodriguez-Tsai

### **APPLICATION DEADLINE: FEBRUARY 2, 2024** LATE OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The Spartan Recipient Program serves as a collaborative platform where San Jose State University (SJSU) students and local community members engage in a mutually beneficial exercise experience. SJSU students, as part of their Bachelor's degree culmination, apply their knowledge to develop personalized fitness programs for Spartan recipients. As a Spartan recipient, you will work individually with an SJSU intern twice a week, with each session lasting one hour. One session will take place in our heated therapeutic pool, while the second will occur in our inclusive fitness center. These sessions will be scheduled on two separate days of the week. Throughout your collaboration with the intern, you will undergo two assessments. The first assessment is aimed to identify needs and limitations that can be addressed during the program. The follow-up assessment will be completed at the end of the program and will be used to objectively measure the progress that was made throughout the semester. Your assigned intern will tailor a program based on your established needs and goals identified during the assessments. These programs will continually evolve as you make progress, improving aspects such as strength, range of motion, and more over the course of the program. Your active participation will contribute to the creation of a comprehensive case study. This project encompasses the research and development completed by your intern to guide you through your exercise journey. Your willingness to engage in the aforementioned activities for educational purposes is crucial to the success of the program.

## PROGRAM REQUIREMENTS

Please read all of the below program requirements, and initial next to each statement to signify you are in agreement and will comply with all required portions of this program.

I UNDERSTAND AND AGREE THAT I WILL MEET WITH MY INTERN TWICE A WEEK FOR THE DURATION OF THE PROGRAM. FAILURE TO DO SO MAY RESULT IN MY REMOVAL FROM THE PROGRAM AND SUBSEQUENT INELIGIBILITY FOR FUTURE PROGRAM PERIODS.

I UNDERSTAND AND AGREE THAT EACH WEEK I AM COMMITTING TO MEET ONCE IN THE POOL AND ONCE IN THE FITNESS CENTER. UNLESS CONTRAINDICATED BY A MEDICAL PROFESSIONAL.

I UNDERSTAND AND AGREE TO PARTAKE IN THE COMPREHENSIVE CASE STUDY INTERNS MUST COMPLETE. FURTHERMORE, I AGREE TO PARTAKE IN ALL WORKOUT PROGRAMS AND ASSESSMETNS DESIGNED BY MY INTERN.

I UNDERSTAND THE INTERN I WORK WITH IS NOT A CERTIFIED THERAPIST AND THEREFORE WILL NOT PERFORM MANUAL MANIPULATIONS. THEY ARE HERE TO HELP ME ATTAIN MY FITNESS GOALS AS DISCUSSED IN MY APPLICATION.

I AGREE TO COMPLETE THIS APPLICATION IN ITS' ENTIRETY AND UNDERSTAND THAT MY FAILURE TO DO SO MAY RESULT IN MY DENIAL FROM THE PROGRAM.

I UNDERSTAND AND AGREE TO FOLLOW ALL POLICIES AND PROCEDURES SET FORTH BY THE TIMPANY CENTER. FAILURE TO DO SO MAY RESULT IN MY DISMISSAL FROM THE PROGRAM, AND FACILITY.

I AGREE TO PAY THE TOTAL AMOUNT OF \$130 TO PARTICIPATE IN THIS PROGRAM. PAYMENT FAILURE MAY RESULT IN THE DISMISSAL FROM THE PROGRAM AND PROHIBIT ME FROM APPLYING TO THE PROGRAM IN THE FUTURE.

I UNDERSTAND THAT MY COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE ME A SPOT IN THE SPARTAN RECIPIENT PROGRAM, EVEN IF I AM A RETURNING CLIENT.

# Spartan Recipient Applicant Information

## **PERSONAL INFORMATION**

FULL NAME	GENDER
ADDRESS	
PHONE	DOB
EMAIL	
PRIMARY LANGUAGE	

## **EMERGENCY CONTACT**

FULL NAME	
PHONE NUMBER	
EMAIL	
RELATION TO SELF	

## **POWER OF ATTORNEY or Person who handles affairs(if applicable)**

FULL NAME	
PHONE NUMBER	
EMAIL	
RELATION TO SELF	

## **MEDICAL INFORMATION**

KNOWN MEDICAL CONDITIONS	
KNOWN ALLERGIES	
MEDICATIONS TAKEN WE SHOULD KNOW	
ADDITIONAL INFORMATION YOU FEEL IS IMPORTANT	

## STATEMENT OF NEED

HELP US UNDERSTAND WHY YOU WANT TO BE A PART OF THIS PROGRAM?  
WHY ARE YOU LOOKING TO WORKOUT?  
WHAT ARE YOU HOPING TO GAIN FROM THIS PROGRAM?

PLEASE ANSWER THE FOLLOWING TO HELP US GAIN A BETTER UNDERSTANDING OF WHERE YOUR MOVEMENT AND SKILL LEVEL ARE RIGHT NOW.

I CAN EXERCISE INDEPENDENTLY

YES  NO

I AM AWARE OF MY PHYSICAL ACTIVITY FITNESS NEEDS

YES  NO

I CAN CREATE MY OWN WORKOUT ROUTINE

YES  NO

I KNOW WHAT STEPS TO TAKE TO MEET MY FITNESS NEEDS

YES  NO

I FEEL CONFIDENT ABOUT USING EXERCISE EQUIPMENT ON MY OWN

YES  NO

I HAVE WORKED OUT IN A GYM BY MYSELF

YES  NO

I FEEL CONFIDENT SWIMMING IN THE DEEP END, WITHOUT HELP

YES  NO

I AM COMFORTABLE TRYING NEW EXERCISES

YES  NO

**ADDITIONAL INFORMATION/SPECIAL SERVICES**

ARE YOU A RETURNING PARTICIPANT TO THE SPARTAN RECIPIENT PROGRAM?	
DO YOU PREFER AN INTERN OF THE SAME GENDER?	
DO YOU REQUIRE ASSISTANCE TRANSFERRING INTO A POOL-READY WHEELCHAIR?	
DO YOU REQUIRE ASSISTANCE CHANGING AND/OR SHOWERING?	
DO YOU REQUIRE ANY OTHER SPECIAL SERVICES?	
IF YES, TO ANY OF THE ABOVE SITUATIONS, DO YOU HAVE AN ATTENDANT WHO COULD HELP YOU?	
CAN YOU PAY YOUR PROGRAM FEE IN FULL AT THE START OF THE PROGRAM?	
WOULD MAKING MONTHLY PAYMENTS BE A MORE FEASIBLE OPTION?	
DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES, PLEASE ELABORATE	
DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES, PLEASE ELABORATE	
DO YOU HAVE ANY COGNITIVE LIMITATIONS? IF YES, PLEASE ELABORATE	
DO YOU HAVE ANY SPEECH IMPEDIMENTS? IF YES, PLEASE ELABORATE	
DO YOU HAVE ANY PAST INJURIES WE SHOULD BE AWARE OF?	

## AVAILABILITY FORM

FILL OUT THE FOLLOWING TABLE ACCORDING TO YOUR AVAILABILITY YOU HAVE IN YOUR WEEKLY SCHEDULE. PLEASE INDICATE WHEN YOU ARE NOT AVAILABLE. BE MINDFUL OF TRAVEL TIME, TRAFFIC, AND PARKING. THIS FORM IS USED TO HELP MATCH YOU WITH AN INTERN. IN ADDITION, YOUR AVAILABILITY MAY BE A DETERMINING FACTOR FOR YOUR ACCEPTANCE INTO THE PROGRAM.  
DO NOT LEAVE THIS PAGE BLANK. APPLICATION WILL NOT BE PROCESSED IF THIS PAGE IS LEFT BLANK.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-9:00a					
9:00-10:00a					
10:00a-11:00a					
11:00a-12:00p					
12:00-1:00p					
1:00-2:00p					
2:00-3:00p					
3:00-4:00p					
4:00-5:00p					
5:00-6:00p					
6:00-7:00p					