

# San Angelo Clubhouse

## Confidential Data Use Policy

The San Angelo Clubhouse collects many types of data in support of the Work Ordered Day. All data is exclusively for the use of the Clubhouse members, staff and other authorized users in support of the work of the San Angelo Clubhouse. All users are responsible for ensuring that data is only used in an ethical and lawful manner.

All employee, members and volunteers using data are required to attend training and sign agreements to this policy.

This policy may be occasionally reviewed and modified. Upon implementation of a new technology use policy, employees and volunteers will have to sign the new agreement.

## Rules of Data Use

### Digital Data

Shared drives and clubhouse computers

1. Clubhouse data is not to be downloaded to personal devices
2. Clubhouse data is not to be altered or deleted unless it is required as part of official clubhouse work

Salesforce.com – Salesforce.com is the central repository for clubhouse data

1. Each team has access to different data, based on the individual work needs
2. Salesforce.com as sensitive information, including birthdays, phone numbers, addresses, emergency contact information, diagnosis, social security numbers, and other person information. These are only to be accessed for official work purposes
3. Salesforce.com is only to be accessed during the Work Ordered Day
4. Accessing anyone's contact information for any other purposes is strictly prohibited

### Paper Data

Sensitive data including information about our members, our programs, and our donors, is available in paper/written format.

1. This data is never to be reproduced unless it is part of Clubhouse work
2. This data is never to be removed from the Clubhouse
3. This data should remain under lock unless being used for Clubhouse work

## Policy Rule Enforcement

1. All Clubhouse colleagues are responsible for proper usage of data
2. All Clubhouse colleagues should immediately notify Clubhouse management of any known data policy violations

## Consequences of Policy Violations

Safeguards exist in all areas of the Clubhouse to help minimize potential mistakes. Anyone working with Clubhouse data can make mistakes, and this is understood by the organization; however, actions determined to be intentional in nature (such as accessing another colleague's information for personal reasons) can result in revocation of data privilege, a temporary suspension from the Clubhouse, or termination of employment.

By signing below, you acknowledge that you have read, and accept the technology use practices, enforcements, and consequences described in this policy.

SIGNATURE

DATE \_\_\_\_\_

# San Angelo Clubhouse

## Internet Access/ Computer Use

I, \_\_\_\_\_ hereby agree to the San Angelo Clubhouse internet and computer usage policy.

Internet access at the San Angelo Clubhouse is privileged to members and staff working towards the mission of the Clubhouse. Priority access is given to (1) Clubhouse Projects, (2) Education and Resources, and ---finally—to (3) Personal Work.

Due to the limited internet bandwidth and network capacity, certain use types are restricted, including, but not limited to, (1) video streaming sties and apps (e.g. YouTube.com, Hulu.com, Netflix.com; (2) audio streaming sites and apps (e.g. Pandora.com, Spotify.com); and (3) video gaming sites and apps.

Because of the limited number of computer workstations at the Clubhouse, members and staff are reminded of the priority Clubhouse Projects take over Personal Work.

**I have read and fully understand the above statements.**

MEMBER SIGNATURE

DATE \_\_\_\_\_

# San Angelo Clubhouse

## INTERNAL/EXTERNAL MEDIA RELEASE

I, \_\_\_\_\_ hereby agree to permit the San Angelo Clubhouse to use the image of my likeness, obtained with my consent, in the form of photographs, motion pictures, and /or television pictures, and to reproduce, distribute, and disseminate such image or images in whatever manner they may require for the purposes of carrying out the mission of the San Angelo Clubhouse. I have not received, and I understand that I will not receive, any remuneration or other compensation for this purpose.

**I have read and fully understand the above statements.**

MEMBER SIGNATURE

DATE \_\_\_\_\_

# San Angelo Clubhouse

## WELLNESS LIABILITY WAIVER

I wish to participate in the exercise activities as part of the San Angelo Clubhouse Wellness Program. I understand that my exercise program, my use of the equipment, and my participation in outings will be at my own risk and that the Clubhouse and its representatives shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to my person or property arising out of or connected with the use of Clubhouse facilities.

I understand that Clubhouse staff may conduct physical fitness assessments that may include cardiovascular endurance, muscle endurance, muscular strength, and flexibility and total body mass measurements. These assessments are voluntary and the information gathered will be kept confidential. Clubhouse staff may request a physician's release be obtained as a condition of participation in the Wellness Program.

I also understand that fitness activities are designed to gradually place an increasing workload on the body and, therefore, there is a risk of unexpected changes during and/or following an exercise session. These changes may include stress or damage to bones 'joints' ligaments and/or muscles, or abnormalities in blood pressure, heart rate or cardiorespiratory function and, possibly, in some cases, heart attack or death.

I realize the chances of the above stress, damage, and/or abnormalities occurring may be minimized by compliance with a regular exercise program that adheres to safety guidelines. I also realize that I am required to report promptly to my physician any signs or symptoms of distress, abnormality and/or pain.

I acknowledge the existence and the need for Wellness Program Regulations governing the use of Clubhouse equipment and facilities and participation in program and services. I agree to comply with these regulations and amendments or additions to them. I understand that my Wellness Program participation may be cancelled if I am in violation of the regulations.

I also attest that all of the information I have provided on this form is truthful to the best of my knowledge.

**I have read and fully understand the above statements**

MEMBER SIGNATURE

DATE \_\_\_\_\_

# WELLNESS ENROLLMENT FORM

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**Name**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER \_\_\_\_\_

WELLNESS GOALS \_\_\_\_\_

- HEALTH AND FITNESS SCREENING
- EXERCISE
- DISEASE MANAGEMENT
- WEIGHT MANAGEMENT
- INFORMATION AND CLASSES
- SMOKING CESSATION
- STRETCH AND RELAXATION
- OTHER \_\_\_\_\_

☐

**ACTIVITIES OF INTEREST**

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**PHYSICAL ACTIVITY READINESS QUESTIONNAIRE**

- Y N** Has your physician ever said that you have a heart condition and that you should only do physical activity as recommended by a physician?
- Y N** Do you ever feel pain in your chest when you do physical activity?
- Y N** In the past month, have you ever had chest pains when you were not doing physical activity?
- Y N** Do you lose your balance because of dizziness or do you ever lose consciousness?
- Y N** Do you have a bone or joint problem that could be made worse by a change in your physical (e.g., back, knee or hip)?
- Y N** Are you on any medications for blood pressure or heart conditions (e.g., water pills)?
- Y N** Do you know any reason why you should not do physical activity?

If you answered Yes to one or more of the questions above, written recommendation from your physician will be required to participate in the Wellness Center programs that involve physical activity. Talk with your physician BEFORE becoming more physically active. BEFORE having a fitness screening and about the kinds of physical activities you would like to participate in.

**I have read, understood and completed this questionnaire.**

MEMBER SIGNATURE

DATE \_\_\_\_\_