

Start! Challenge Application



We are pleased to announce that Capital Region Medical Center and the American Heart Association's Start! program are accepting applications for men & women who would like to participate in the 2009 Start! Challenge.

Background: Cardiovascular disease is our nation's No. 1 killer. Physical inactivity significantly increases the risk of heart disease and stroke. Seventy percent of Americans don't get enough exercise and ignoring fitness and health increases the chance for disease. Start! is the American Heart Association's national movement that calls all Americans to create a culture of physical activity and health to live longer lives. By participating in Start! you are making a personal commitment to being active and heart-healthy.

Introducing the American Heart Association's Start! Challenge! We will be selecting 4 Mid-Missouri residents who will be profiled on our local Web site and also in the local media. Finalists will follow a healthy eating and exercise plan then record their experiences through an online blog. We hope that by following our challenges, Americans will be inspired to Start! a healthy lifestyle of their own.

As part of this challenge, our final applicants will be expected to agree to the following:

- ✓ Access to the Internet on a daily basis
- ✓ At least two online blogs each week (guidelines will be shared in final contract)
- ✓ The expected time frame you will be needed for this program is May 15 – August 22.
- ✓ Participation in health checkups (including but not limited to blood tests for cholesterol, blood pressure, body measurements)
- ✓ Possible participation in interviews with different media outlets in your local market

We are looking for a diverse group of men & women with respect to ages, lifestyles, marital status, ethnicity, and especially physical health. You do not have to be a model or a particular body type, it is more important to us that we have a diverse group of positive thinkers who are physically and mentally adept and outgoing. Most importantly we are looking for people who are ready to make a positive change to their health (ex: lose weight, lower cholesterol, reduce stress, quit smoking, etc.).

One (1) winner will be selected based on results from pre and post health assessments.

If you decide you would like to be one of our challenge finalists, please fill out the application below, and submit by the deadline to:

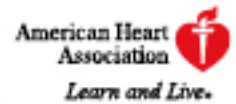
By Friday, May 1, (must be received by 5:00 pm):

Amy Berendzen
Capital Region Medical Center
PO Box 1128
Jefferson City, Mo 65102-1128
573-632-5595
aberendzen@MAIL.CRMC.ORG

You may also drop off your application at Capital Region Healthplex (1432 Southwest Blvd, Jefferson City, MO 65109)

www.americanheart.org/start

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CONTACT INFORMATION

Name:	
Street Address:	
City, State, ZIP Code:	
Home Phone:	
Work Phone:	
E-Mail Address:	

DEMOGRAPHIC INFORMATION

Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity:	
Current Occupation:	
Date of Birth:	
Household Income:	
Number of children / ages:	
Marital Status:	
Are you a legal resident of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Level of Education:	
Do you belong to any affiliations or organizations? Please describe.	

ABOUT YOUR WORKPLACE:

A core component of Start! is encouraging companies to promote a healthy culture in their workplace. By providing a solid Wellness program such as the Start! Walking Program to employees, employers are contributing to employee health and their healthcare costs. Answers are for background information only.

What is your occupation?	
How active are you on a typical day?	<input type="checkbox"/> Very active <input type="checkbox"/> Moderately Active <input type="checkbox"/> Sedentary
Does your company have an employee wellness program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what types are some main components of the program?	
Are you able to incorporate	<input type="checkbox"/> Yes <input type="checkbox"/> No

exercise in a typical work day?	

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ABOUT YOUR HEALTH

Height:	Feet,	Inches
Weight:		

Check all the boxes below that apply:

- Family history.** My father or brother had a heart attack before the age of 55, OR my mother had one before the age of 65, OR my mother, father, sister, brother or grandparent had a stroke.
- Heart Disease.** I have coronary heart disease, arterial fibrillation, or other heart condition, OR I've had a heart attack.
- Blood Pressure.** My blood pressure is 140/90 mm HG or higher.
- Tobacco.** I smoke tobacco regularly.
- Total Cholesterol.** My total cholesterol is 200 mg/dL or higher, OR I don't know my cholesterol level.
- HDL Cholesterol.** My HDL cholesterol (good cholesterol) is less than 40mg/dL, or I don't know my level.
- Overweight.** I am 20 pounds or more overweight for my height and build.
- Diabetes.** I have diabetes or I need medication to control my blood sugar.
- Mental Health.** I have been treated for mental health in the last 10 years.
- Other.** Please Specify

If you have checked any of these boxes, please provide us with a detailed explanation of your condition:

PHYSICAL ACTIVITY READINESS

Check all the boxes below that apply:

- I have a heart condition and my healthcare professional recommends only medically supervised physical activity.
- During or right after I exercises, I often have pains or pressure in my neck, left shoulder or arm.
- I have developed chest pain within the last 3 months.
- I tend to lose consciousness or fall over due to dizziness.
- I feel extremely breathless after mild exertion.
- My healthcare professional recommends that I take medicine for high blood pressure.
- I have joint or bone problems that limit my ability to do moderate-intensity physical activity.
- I'm pregnant and my healthcare professional hasn't given me the OK to be physically active.

I am over 50, haven't been physically active, and am planning a vigorous exercise program.

IMPORTANT: If you selected one or more of these items, you need to see your healthcare professional for clearance prior to applying to be one of our Start! Challengers.

ACTIVITIES

During the past year, what was your average time per week spent at each of the following recreational activities?

Activity	Zero	1-19 min	20-59 min	One Hr.	1.5 Hr.	2-3 Hr.	4-6 Hr.	7+ Hr.
Walking or hiking outdoors (including walking to work)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jogging (slower than 10 minute miles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Running (10 minute miles or faster)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bicycling (including stationary machines)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerobic exercise/aerobic dance/exercise machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lower intensity exercise/yoga/stretching/toning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis, squash, or racquetball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lap swimming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Regular Physical Activity

Do you do regular physical activity? Check the statement that best describes you in the past year.

Note: Regular physical activity means spending 30 minutes or more throughout your day in activities such as brisk walking, gardening, playing actively with children, jogging, bicycling, swimming, climbing stairs, dancing, participating in aerobics or active sports, being physically active on the job. You can accumulate 30 minutes in small bouts of activity.

- No, I don't. And I'm not considering it.
- No, I don't. But I've been thinking about becoming more physically active.
- Maybe I'll get started within the next 6 months.
- I do some physical activity, but not as often as five to seven days each week.
- I'm physically active on a regular basis now, but I only started within the past 6 months.
- I have been physically active on a regular basis now for more than 6 months.

Are you taking any medications? If so, which ones and why are you taking them?

ABOUT YOU:

Why do you want to be one of our Start! Living Finalists?

What are your goals regarding your health?

What part of your health are you most unhappy with?

Name three of your hobbies:

What are three adjectives that your friends would use to describe you?

Have you ever participated in the Start! program?

Have you ever been charged, arrested, or convicted of a crime? Yes No If yes, please give details, and dates:

Do you have any pending civil lawsuits? Yes No If yes, please give details and dates

ABOUT YOUR INTERNET ACTIVITY:

Start! Challengers will be expected to be Web savvy individuals. You will be required to have access to a personal computer with Internet access in order to keep up an online diary of your efforts in the program.

Do you have access to the Internet and e-mail on a daily basis? Yes No

How many hours a week do you visit the Internet, including E-mail?

0-1 Hour 2-3 Hours 4-6 Hours 7-10 Hours 11 or more hours

When you visit the Internet, which Web sites do you like to frequent the most?

Do you have your own blog?

Yes. No.

If yes, please give us the focus of the blog and the URLs:

Do you like to visit and read other blogs?

Yes. No.

If yes, which ones?

What is your T-Shirt Size

XXL XL L M S Other _____

Eligibility Requirement, Consents, and Releases

1. All participants must be over the age of 21 and residents of the continental United States. Applicants must complete this application and include a color picture and both must be received no later than 5:00 PM Friday, May 1, 2009. Program managers reserve the right to extend the deadline as necessary. Additional applications are available by emailing aberndzen@MAIL.CRMC.ORG
2. All final applicants must be willing to travel to Capital Region Medical Center Healthplex in Jefferson City, MO at least three times per week for physical and nutrition programs associated with this program.
3. All final applicants must be available for phone interviews the week of May 4 in order to be a participant.

4. Approximately 4 people will be chosen as the finalists (final number to be determined by program managers) and will be asked to participate in the Start! Challenge.
5. All decisions made by program managers are final and subject to review or appeal
6. Employees of the American Heart Association and their immediate families including significant others –which includes any form of a long-term relationship, mother, father, sister, brother, daughter, or son and members of the same households (whether related or not) of such employees are not eligible to be participants in the Start! Challenge or to participate in this application process.
7. All contestants must provide copy of eligibility to live and work in the United States (either valid US passport or combination of valid US driver's license and valid social security card).
8. Any finalist will be required to provide proof of medical clearance to participate in the challenge.
9. Participants must be able to make a commitment to the following schedules and for the following purposes (dates are subject to change at the discretion of the program manager):
 - Jefferson City, MO – Week of May 4 – phone interviews and finalists will be notified
 - Jefferson City, MO – May 15 – Must be available for Healthy Challenge Kick-off at Capital Region Healthplex between 7:30 am and 11:00 am. (This will include but won't be limited to the following: meet Healthplex trainers, take initial photographs, tour Healthplex, complete initial health assessment, and set personal training schedule)
 - Jefferson City, MO – August 21 – Appearance and speaking at the celebration banquet for the Start! Challenge program.
 - Jefferson City, MO – August 22 – Appearance at the Jefferson City Start! Heart Walk at Memorial Park. Possible media interviews.
10. You must not be a candidate for public office prior to and during the duration of the challenge.
11. You must never have been convicted or pleaded "no contest" to, or received probation for, a felony or misdemeanor, other than a minor traffic violation, and have never had a restraining order or other injunctive relief entered against you. There must not be any outstanding criminal warrants for your arrest.
12. If selected as a participant you must execute all waivers and release agreements required by the program manager of the American Heart Association, including photography, video, and personal appearance release.
13. You must be willing to provide medical information and submit to a medical examination, psychological examination, and background check.
14. You agree to not participate in any other diet, weight loss or exercise programs during the official dates of the Start! Challenge other than the Start! and American Heart Association No-Fad Diet programs.
16. Content on your blog will be limited to topics relating directly to you Start! Challenge.

I authorize the Program Manager and its designees to investigate, access and collect information about me, about any of the statements made by me in my application, any supporting documents and any other document that I have signed or do sign in connection with my application to be selected as a participant in the Program, or any other written or oral statements I make in connection therewith. I irrevocably authorize the Program Manager, AMERICAN HEART ASSOCIATION and their respective designees to secure information about my experiences from my current and former employers, associates, friends, family members, educational institutions, government agencies, credit reporting agencies, and any references I have provided, and I irrevocably authorize such parties to provide information concerning me. I specifically authorize investigation of my employment record, medical record, and government records, including but not limited to my motor vehicle record, civil record, criminal record and consumer report(s). I agree to execute any authorizations, consents and releases requested from me by Program Manager, AMERICAN HEART ASSOCIATION, CAPITAL REGION MEDICAL CENTER and their respective designees in connection with their investigation of me. I hereby unconditionally and irrevocably release and forever discharge all such parties and persons from any and all liabilities arising out of or in connection with any such investigation or with the use of any information received from me or through the course of their investigation of me, or which I have provided in this preliminary application.

I agree to undergo to the extent permitted by law and at the sole discretion of Program Manager, with no prior notice to me, any physical and mental examinations requested by Program Manager in connection with my possible selection for and participation in the Program. Such examinations will be conducted by medical personnel of Program Manager's choosing. I acknowledge that I may not be selected to participate or my participation may be discontinued at any time if in the sole and exclusive discretion of Program Manager and/or its medical experts the results of such tests indicate that I am not physically or mentally fit to participate in the Program. I understand and agree that any physical and/or mental assistance, examinations and/or sessions I may have with any medical personnel retained by or associated with the Program, Program Manager and its affiliates do not create a confidential relationship between myself and such medical personnel. Accordingly, I acknowledge and consent to production doctors, psychologists, and other medical personnel communicating with Program Manager, AMERICAN HEART

ASSOCIATION and their designated agents any diagnoses, prognoses, medical information and/or opinions regarding me. I hereby waive any physician-patient privilege I may have or that may arise with any physicians, psychologists, health care providers (including both physical and mental health care providers), social workers, health care institutions, insurers, and other individuals and entities as a result of my participation in the selection process and/or the Program, and I authorize the release to Program Manager, and AMERICAN HEART ASSOCIATION any and all records and information, written, verbal, electronic or otherwise, from any of the above persons and/or entities. I agree to sign any authorizations that Program Manager, AMERICAN HEART ASSOCIATION or a health care provider deems necessary to facilitate the release of such records and information. Without in any way limiting anything herein, I further hereby release, discharge, relinquish and hold harmless the providers of any medical care assistance, treatment or services provided to me at any time whether such treatment or services are provided by health care professionals, paramedics, or any other person. I hereby release the American Heart Association from and hold it harmless regarding, any and all claims related to or resulting from the storage, use and transfer and release of any and all information provided by me to the AHA, or facts the AHA obtained through their investigation of me.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I hereby acknowledge that I have read, and I meet and agree to be bound by the Start! Challenge eligibility requirements. If any of the above information is found to be false, I understand that this will be grounds for my dismissal from the Start! Challenge participant selection process and/or the actual project. Even if I meet the eligibility requirements, the producers have no obligation to interview me and/or select me as a participant; and decisions by the program managers concerning the selection of the contestants are at the sole discretion of the program managers. I acknowledge and agree their decisions are final and not subject to challenge or appeal.

Name (printed):	
Signature:	
Date:	