



ESSENTIAL FUNCTIONS

Title: Personal Assistant

Dept. Number: 0715.4120

Date Issued:

The following is a list of functions for the position stated above to include but not limited to:

Physical Requirements/Working Conditions:

Sitting, walking, hearing, talking, finger dexterity, handling, feeling, eye-hand coordination, near vision, color vision, far vision, peripheral vision, depth perception, night vision, driving, standing with little movement, reaching, lifting (significant 25+ lbs.), lifting objects to waist, lifting objects overhead, carrying objects, pushing/pulling objects, ascending/descending stairs, climbing/balancing, bending/stooping, kneeling/crouching/crawling, indoors/non-medical areas, poor ventilation, exposure to chemicals, slippery surfaces, outdoors, significant temperature changes, inclement weather, unpleasant odors, maneuvering patients/guests.

Mental requirements

Reading, remembering, recognition/identification, understanding-information and/or concepts, problem solving, communicating instructions-information and/or concepts, decision-making.

____ I can safely perform the essential functions without accommodations.

____ I require the following accommodation(s) to safely perform the essential functions.

Applicant Signature
(Personal Assistant)

Date

Management Signature

Date

(to be completed by Personal Assistant applicant)



PERSONAL ASSISTANT POLICY

The Pavilion was built to meet all ADA requirements and all areas are handicap accessible. For members and employee's safety, the Pavilion staff are not permitted to physically assist member with the use of any equipment of facilities on the Pavilion premises. Because of this, we have implemented a persona assistant program to benefit you.

Please read the following and sign the form below.

Please check one:

1. I verify that I am able to independently;
 - a. Gain access to the facility,
 - b. Access freely onto and off of the exercise equipment
 - c. Utilize the Pavilion exercise equipment as it was designed for use, and
 - d. Ambulate in and out of pools, showers, and locker room facilities

2. I understand that I am **not able** to perform the above stated tasks independently and that I will require assistance while utilizing the Pavilion. I realize that it is my **responsibility** to identify someone who will serve as my "Personal Assistant" and that this person must be approved by management as someone capable of providing me with adequate assistance at all times during my Pavilion visit. I also understand that I may request a reevaluation of my physical status at any time to determine my continued need to provide a "personal Assistant."

I understand that my "Personal Assistant" will be required to:

- a. sign a Pavilion liability waiver and an essential job function sheet (attached)
- b. remain with me at **all** times while on the premises;
- c. be capable of providing safe care while following all Pavilion rules and policies;
- d. check in at the service desk before each visit (no fee required)

PLEASE NOTE: The Pavilion reserves the right to consult with a physical or occupational therapist to assist in determining your physical maneuverability needs. At the sole discretion of the Pavilion, your membership status is subject to reassessment or reevaluation at any point that we feel you are unable to meet the facility's physical requirements or your "Persona Assistant" is not able to meet the physical maneuverability requirements.

Member Signature

Date

Personal Assistant's name

Address

Management Acceptance

Date

Phone

(to be completed by member)