

Standardized Field Sobriety Tests
VOLUNTEER DRINKER APPLICATION



INSTITUTE FOR LAW ENFORCEMENT EDUCATION

Pennsylvania Department of Education
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INSTRUCTIONS:

Please read each question on the following pages carefully and answer honestly in order to protect you and the quality of this training course.

NOTE: An answer in any block marked with an "*" means you CANNOT be a volunteer drinker for this course.

VOLUNTEER NAME:	Last Name		First Name	MI	Date of Birth	Age (Must be 21 - 55)	Weight
	Street Address		City	State	ZIP	Height	Sex
ADDRESS:	PHONE NUMBER (including area code)		Occupation		Operator's License Number & State		
							Application Completion Date

To be completed by Course Coordinator

Coordinator Name	Phone Number (including area code)	Course Dates
Hosting Agency	Course Location	
Volunteer scheduled for: (DATE & TIME)		

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Pre-Course Review Date	Reviewed By	<input type="checkbox"/> APPROVED <input type="checkbox"/> TENTATIVE APPROVAL <input type="checkbox"/> DISAPPROVED
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FOR DOSING SUPERVISOR USE ONLY

Review Date	Reviewed By	<input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED
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Instructors are required to review this form in detail with each volunteer applicant in order to verify certain data such as age, weight, physical attributes, etc. Any person who does not meet the established criteria must be disqualified.

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VOLUNTEER NAME:	Last Name	First Name	MI	Date of Birth

MEDICAL AND PERSONAL HISTORY

1. To the best of your knowledge are you in good physical health?	<input type="checkbox"/> YES	<input type="checkbox"/> NO*
2. Do you have a history of alcohol abuse?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
3. Do you have a history of drug abuse?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
4. Do you have a history of any of the following?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
A. Heart Disorder	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
B. Lung Disorder	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
C. Brain Disorder	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
D. Circulation Disorder	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
E. Emotional Disorder	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
F. Vertigo (dizziness)	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
G. Meniere's Disease	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
H. Multiple Sclerosis	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
I. Poliomyelitis	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
J. Epilepsy	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
5. Do you have any other illness or disease, or were you ever diagnosed with such? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Are you currently more than 45 pounds overweight?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
7. Is your vision normal or corrected to normal?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Do you wear contact lenses? If yes, bring contact lens solution to class.	<input type="checkbox"/> HARD <input type="checkbox"/> SOFT	<input type="checkbox"/> NO
9. Are you color blind?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Are you taking regular doses of aspirin or any other over-the-counter medication? If yes: TYPE _____ FREQUENCY _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. (FEMALES ONLY) Are you pregnant?	<input type="checkbox"/> YES*	<input type="checkbox"/> NO

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12. Are you taking, have you taken or will you be taking any prescribed medication within 30 days prior to drinking date? YES NO
If yes: TYPE _____ REASON _____
 DATE STOPPED TAKING _____

13. Have you ever had surgery or treatment for any injury, illness or other condition? YES NO
If yes, describe condition treated and date of treatment _____

14. Do you currently, or have you in the past, have any problems with your legs? YES NO
If yes, describe _____

15. Are you on any type of restricted duty from work? YES* NO
If yes, list reason _____

16. Is this the first time you have ever drank an alcoholic beverage? YES NO

17. How many days per week do you consume one or more alcoholic beverages?
One Two Three Four Five Six Seven

18. How many alcoholic drinks do you consume per week on average? _____

19. When at a private party or tavern, how many drinks do you consume in a 4 hour period? _____

LEGAL ISSUES

20. Have you ever been convicted of a crime? YES* NO

21. Are you currently on probation or under court supervision? YES* NO

22. Are you legally entitled to consume alcohol? YES NO*

ADMINISTRATIVE ISSUES

23. Are you willing to consume an alcoholic beverage other than beer or wine? YES NO*

24. Are you willing to consume sufficient alcohol to reach a blood alcohol concentration in the vicinity of 0.14%? YES NO

25. Are you willing to refrain from the use of tobacco products until the training session is completed for the day and your BAC has fallen below a 0.08%? YES NO*

26. Do you agree NOT to operate, drive or be in control of any vehicle or any type of hazardous machinery or devices for a minimum of ten (10) hours after the completion of the training course? YES NO*

27. Do you agree to remain at the site of the training program until your blood alcohol concentration has fallen below a 0.08% level? YES NO*

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28. Do you have a licensed operator who will drive you to and from the training site at the assigned times? YES NO*
If yes, name of driver (or indicate Police Department): _____
29. Are you, withholding any information regarding your health, mental or emotional condition, drug or alcohol abuse history, or your intentions once you are released from the course locations? YES* NO
30. Is there any reason that you may not be safely dosed with an alcoholic beverage to a blood alcohol concentration in the vicinity of 0.14%? YES* NO
Reason: _____
31. Are you willing to sign a waiver of liability in order to participate in this training course? YES NO*
32. I will be available as a volunteer on the following date: _____
33. Due to the nature of training and the amount of public interest surrounding the topic of Driving Under the Influence, the news media may be present during some portion of the training course. Before permitting any photographing or videotaping of volunteers, your personal feelings about being viewed while under the influence and being identified as a drinking volunteer must be considered. Please indicate your desires below, concerning publicity, so that media personnel may be informed.
 I **DO NOT** wish to be photographed or videotaped.
 Photographing/videotaping of myself is permitted.
 I **DO NOT** wish to be identified as a volunteer.
 Identification of me as a volunteer is permitted.
- | | |
|---|--|
| 34. Choose only one liquor:
<input type="checkbox"/> Rum
<input type="checkbox"/> Vodka
<input type="checkbox"/> Whiskey | 35. Choose a mixer:
<input type="checkbox"/> Orange juice
<input type="checkbox"/> Coke
<input type="checkbox"/> Cranberry
<input type="checkbox"/> Pineapple
<input type="checkbox"/> Sprite/7Up
<input type="checkbox"/> Other _____ |
|---|--|

The above responses are, to the best of my knowledge, true and correct.

Applicant Signature and Date _____
Witness Signature and Date _____

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