



<input type="checkbox"/> Cleared
<input type="checkbox"/> Not Cleared
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Date

## Volunteer Application

(All volunteers are required to attend an orientation seminar prior to working with our clients)

Legal Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ (H C W) E-Mail Address: \_\_\_\_\_

Have you volunteered at FAR in the past? [ ] Yes [ ] No Group/Program: \_\_\_\_\_

Are you 18 years or older? [ ] Yes [ ] No Are you a full time student? [ ] Yes [ ] No

Place of Employment /Title: \_\_\_\_\_

If a student, school you currently attend: \_\_\_\_\_

Anticipated Date of graduation: \_\_\_\_\_ Will you receive school credit for volunteering? [ ] Yes [ ] No

If yes, name of academic contact: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

How did you learn about FAR? \_\_\_\_\_

Please list any experience you have working with the special needs community

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Please list any personal hobbies or interests

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**FAR Therapeutic Arts and Recreation**

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Rev 4-17

