



Summer Camp Volunteer Application 2019

Please check the camp(s) you would like to volunteer for...

Camp Sing Out: July 8th – 19th, 2019 **FAR Explorers:** Aug 19th – 21st & 26th – 28nd, 2019

Camp FAR Out: July 29th – August 9th, 2019 ****A mandatory orientation is required for EACH camp****

Legal Name

Male Female

Nickname

____/____/_____
Date of Birth

T Shirt Size: Small Medium Large XL 2XL 3XL

Street Address

City

Zip Code

Home Phone

Cell Phone

Driver's License Number

Email Address

Place of Employment/Title

Emergency Contact

Phone Number

How did you learn about FAR? _____

Have you worked at a FAR camp or any other summer camps in the past? Yes No

Do you have experience working with persons with special needs? Yes No

If yes, list experiences

How comfortable do you feel with the following age groups of campers?

Rate your comfort level with the following ages: 1 is VERY comfortable, 5 is VERY uncomfortable

4-7 8-10 12-14 15-16 17-20 20-25

____ ____ ____ ____ ____ ____

FAR Therapeutic Arts and Recreation

1669 West Maple Road Birmingham, MI 48009 • Phone: 248.646.3347 • Fax 248.646.4480

E-mail: camp@FAR-therapy.org • Website: www.FAR-therapy.org



REFERENCES

Please provide two references who can speak to your experience working with children with special needs.

_____	_____
Name	Phone
_____	_____
Relationship	Email
_____	_____
Name	Phone
_____	_____
Relationship	Email

BACKGROUND CHECK

I acknowledge the fact that a criminal records search will be performed by the FAR office.

_____	_____
SIGNATURE	DATE
_____	_____
PARENT'S SIGNATURE, IF UNDER 18 YEARS OF AGE	DATE

Office Use Only

Interview notes/comments:

License: [] Yes [] No Cleared: [] Yes [] No SSC: [] Yes [] No

Interviewed by: _____ Date: ____/____/____



Confidentiality Policy

FAR Therapeutic Arts and Recreation ("FAR") maintains records of all clients that are confidential in nature and for FAR use only. All volunteers are required to maintain such information in strict confidence.

Confidentiality is the preservation of privileged, personal information and, while private information will be disclosed to you as a necessary part of the services you provide to our clients, all information concerning clients and former clients of FAR is to be treated as confidential. "Confidential" means that you are free to talk about FAR and about your position, but you are not permitted to disclose clients' names, diagnosis, or talk about them in ways that will make their identity known. **This includes all forms of social media.**

FAR expects you to respect the privacy of the clients we serve and to maintain their personal information as confidential at all times both during and after your service to FAR. This is a basic component of client care and professional ethics. Disclosure of any confidential information is a direct violation of this policy. Should an occasion arise in which you are unsure of your obligations under this policy, it is your responsibility to consult with your FAR supervisor or staff contact.

By signing this Confidentiality Policy, I agree to maintain professional confidentiality for all persons served by FAR Therapeutic Arts and Recreation as outlined above. I also agree to inform my FAR supervisor or staff contact immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with FAR.

Signature _____ Date: _____

Name _____

Witness _____ Date: _____

Name _____

Staff Initials: _____



Volunteer Medical Policy and Consent Form

FAR staff is dedicated to creating a fun, safe therapeutic environment for clients, their families and our volunteers. To ensure that everyone has a safe experience, please review the following medical policy.

1. All FAR staff is trained and certified in CPR and basic First Aid and will intervene on behalf of you/your child in the event basic care is required. In the event of any incident, your emergency contact/you will receive a phone call from a FAR staff member and a written Incident Report.

2. In the event of a medical emergency, FAR will call 911 on behalf of you/your child; FAR, however, holds no financial responsibility for any medical services requested or rendered. A staff member will provide basic care as they are certified until professional help arrives. Your emergency contact/you will also be immediately contacted by a FAR staff member and provided with a written Incident Report.

3. FAR staff is not authorized to dispense over the counter (OTC) or prescription medication to minor children or anyone under guardianship. Should you/your child require medication of any kind while at FAR, it must be administered by a parent, legal guardian, or professional medical personnel.

I consent to the above FAR policy for me/my child regarding any such medical circumstances, including any accident or illness, which may necessitate medical treatment and authorize any such treatment or medical response that FAR's staff, in its sole discretion, may deem necessary. I further acknowledge that I understand the above policy and agree to abide by its terms.

_____ Name of Volunteer (over 18)	_____ Signature	_____ Date
_____ Name of Volunteer (under 18)	_____ Signature	_____ Date
_____ Parent/Guardian (if under 18)	_____ Signature	_____ Date
_____ Emergency Contact (Please print)	_____ Phone Number	_____ Relationship

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Photo Release

I, _____ hereby grant FAR Therapeutic Arts and Recreation permission to publish my/my child's photograph(s), video and audio in agency publications in print, electronic communications or on the agency website located at www.far-therapy.org.

FAR is a 501©(3) nonprofit agency.

By signing below, I acknowledge my understanding of the above and grant my permission for use of the photograph(s), video or audio.

(Please print name)

SIGNATURE

DATE

PARENT'S SIGNATURE, IF UNDER 18 YEARS OF AGE

DATE

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