



Cleared: \_\_\_\_\_  
Date: \_\_\_\_\_

**Volunteer Application 2019-2020**  
**Please return completed forms to:**  
**rmurphy@FAR-therapy.org**

\_\_\_\_\_  
Legal Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female  Other Ethnicity (optional): \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
Secondary Phone

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
Place of Employment or School - Title

\_\_\_\_\_  
Emergency Contact /Relationship

\_\_\_\_\_  
Phone number

Will you be receiving credit for volunteering?  Yes  No

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

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

If yes, list experiences \_\_\_\_\_

\_\_\_\_\_

Where would you like to volunteer?

\_\_\_\_ Music Therapy    \_\_\_\_ Rec Therapy    \_\_\_\_ Go FAR Parties    \_\_\_\_ Bowling    \_\_\_\_ Social Connections

\_\_\_\_ Other: \_\_\_\_\_

**REFERENCES**

Please provide two references that can vouch for any experience you have had with children with special needs.

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Relationship Email

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Relationship Email

**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](http://www.far-therapy.org).

FAR is a 501(c)(3) nonprofit agency.

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

\_\_\_\_\_  
*(Please print name)*

\_\_\_\_\_  
SIGNATURE DATE

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

**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



## 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. 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 business 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.

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 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 \_\_\_\_\_

Staff Witness \_\_\_\_\_

Date \_\_\_\_\_

Name \_\_\_\_\_



### Volunteer Medical Policy and Consent Form

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

1. All FAR staff is 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 needed until professional help arrives. Your emergency contact/you will immediately be contacted by a FAR staff member and provided with a written Incident Report.
3. **FAR staff is not authorized to dispense 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