



FAR
THERAPEUTIC ARTS
AND RECREATION

VOLUNTEER APPLICATION 2024/ 2025

PLEASE RETURN COMPLETED FORMS TO: CBERG@FAR-THERAPY.ORG

APPLICANT INFORMATION			
LEGAL NAME:	DOB:	ETHNICITY (OPTIONAL):	
HOME ADDRESS	CITY	STATE	ZIP
PRIMARY CELL PHONE	PRIMARY EMAIL		
DRIVERS LICENSE NUMBER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
PLACE OF EMPLOYMENT OR SCHOOL	TITLE		
EMERGENCY CONTACT / RELATIONSHIP	PHONE NUMBER		
VOLUNTEERING AT FAR			
HOW DID YOU LEARN ABOUT FAR?			
WILL YOU BE RECEIVING A CREDIT FOR VOLUNTEERING? <input type="checkbox"/> Yes <input type="checkbox"/> No			
DO YOU HAVE EXPERIENCE WORKING WITH PERSONS WITH SPECIAL NEEDS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF YES, LIST EXPERIENCE :			
WHAT PROGRAMS ARE YOU INTERESTED IN VOLUNTEERING WITH:			
<input type="checkbox"/> MUSIC THERAPY <input type="checkbox"/> RECREATION THERAPY <input type="checkbox"/> ART THERAPY PREP <input type="checkbox"/> BOWLING <input type="checkbox"/> SOCIAL CONNECTIONS			
<input type="checkbox"/> OTHER			
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	
FAR OFFICE USE ONLY			
CLEARED		DATE	



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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(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:

DATE:

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 always maintain their personal information as confidential 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.

PLEASE PRINT NAME:

DATE:

SIGNATURE:

DATE:

STAFF WITNESS NAME:

DATE:

WITNESS SIGNATURE

DATE:



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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 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.

PLEASE PRINT VOLUNTEER NAME:

SIGNATURE:

DATE:

PARENT'S SIGNATURE, IF UNDER 18 YEARS OF AGE

DATE:

EMERGENCY CONTACT (PLEASE PRINT)

PHONE NUMBER

RELATIONSHIP



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PERSONAL APPEARANCE AND HYGIENE POLICY

In order to maintain professional rapport with our families and clients we ask that volunteers uphold the following for their personal appearance and hygiene:

Due to medical or sensory challenges of those we serve, we ask that you refrain from using perfume or cologne while volunteering.

To ensure client and volunteer safety please dress in clothing that is well fitted, clean, and, covers exposed skin. Appropriate dress includes wearing close-toed shoes while in the building working with groups, shorts that are mid-thigh in length. Please avoid wearing shorts above mid-thigh, low cut tops, leggings, as well as halter/tank/tube tops. Please note that tasteful body art is acceptable. However, offensive tattoos (including profanity or inappropriate images) need to be covered at all times.

PLEASE PRINT NAME:

SIGNATURE:

DATE: