



VOLUNTEER APPLICATION

Dallas Art Therapy

Name: _____

Cell Phone: _____ Home Phone: _____

Address:

City: _____ State: _____ ZIP: _____

Email: _____

Employer: _____ Title: _____

Emergency Contact

Name: _____ Emergency

Contact Phone: _____ Relationship: _____

Please list any physical limitations or conditions we need to be aware of in case of an emergency: _____

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Date of Birth: _____ Are you over 18 years of age? YES NO

Highest Level of Education: _____

Professional licenses or certificates: _____

Other Languages: Spoken: _____ Written: _____

Special skills, interests, hobbies: _____

How did you hear about Dallas Art Therapy? _____

TELL US ABOUT YOU:

Please tell us briefly why you would like to volunteer with Dallas Art Therapy? _____

What prior volunteer experiences have you enjoyed? _____

What personal special skills would you like to use at Dallas Art Therapy? _____

What tasks would you prefer to never be asked to do as a volunteer? _____

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VOLUNTEER OPPORTUNITIES

(Please check the area(s) you are interested in serving)

- **Workshop Facilitator** – assist in designing and/or facilitating workshops hosted by Dallas Art Therapy and its partners.
- **Special Events** – assist with events hosted by Dallas Art Therapy and its partners.
- **Community Service Projects** – assist in coordinating community service projects hosted by Dallas Art Therapy and its partners.
- **Administrative Support** – basic office tasks, etc.
- **Special Projects** – Lend your professional expertise in areas of event planning, branding & marketing, fundraising, volunteer management, technology, any area of art and more!

Areas of expertise: _____

- **Other:** _____

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FOR THE VOLUNTEER (*Please initial below*):

_____ I understand, once my application has been received, I will receive an email from Checkr for a background check to be done. To help off-set the cost of the required background check provided by Checkr, we ask that you donate \$20 via Zelle to

VOLUNTEER COMMITMENT AND CONFIDENTIALITY AGREEMENT

1. I, _____, hereby agree to accept a position in a voluntary capacity as a volunteer Dallas Art Therapy (herein after referred to as DAT). I understand that the term VOLUNTARY means the way in which actions or services are rendered to DAT. Such actions or services are rendered to DAT with generous and charitable motives. No liability whatsoever will be incurred by DAT to anyone who performs voluntary actions or services. I understand that the term VOLUNTEER means a person who freely chooses and renders services to DAT in a voluntary capacity.
2. I fully understand and agree that my services are provided strictly in a VOLUNTEER capacity and that I am providing services to DAT strictly as a VOLUNTEER.
3. I shall hold as absolutely confidential all information that I may obtain directly or indirectly concerning clients and/or other DAT representatives and not seek to obtain confidential information from a client and/or DAT representative. I promise to maintain the confidentiality of client information and understand that unauthorized access to such information or release of such information will result in discipline and can include termination.
4. I fully understand and agree to provide my services to DAT as a volunteer in a volunteer capacity without any express or implied promise of salary, commission, or payment of any kind whatsoever.
5. I fully understand and agree to provide my services to DAT as a volunteer in a voluntary capacity without any employment type benefits, including but not limited to employment insurance programs, workers compensation accrual in any form, or sick, holiday, or annual leave time.
6. I fully understand and agree to assume all risks involved in any and all duties that I perform for DAT.
7. I agree to familiarize myself with DAT policies and procedures. I will fully comply with both the letter and the spirit of these procedures.
8. I fully understand that DAT expects high standards of moral and ethical treatment of the clients in its care. I agree to strictly adhere to these standards in my voluntary capacity at DAT.
9. I fully understand and agree that either for failure to fully comply with any and all of the obligations outlined in this Volunteer Agreement, or for any reason whatsoever, while performing my voluntary services to DAT in a voluntary capacity, DAT at its sole discretion, may immediately terminate my volunteer services.

RELEASE

1. I agree to release, discharge, indemnify and hold Dallas Art Therapy harmless for any and all damage to my personal property while performing as a VOLUNTEER in a VOLUNTEER CAPACITY any and all duties for Dallas Art Therapy.
2. I agree that any written or oral misrepresentation in making this application is just cause for dismissal.
3. I understand that a criminal background check will be conducted.

4. I understand for my own protection, it is important that I carry medical insurance.

5. I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from the records concerning me, and I hereby release such companies and persons from any liability for such action.

6. I understand that public relations are an important part of volunteering at Dallas Art Therapy. I agree, therefore, on behalf of myself, my heirs, personal representatives, and executors to allow DAT to use any photograph or video recording taken of me for use in public relations efforts. Any photographic or video images which I produce, in a VOLUNTARY CAPACITY, will become the sole property of DAT and as such, Dallas Art Therapy may use them in any ways they see fit. DAT will use reasonable efforts to notify me but such notification is not a condition of use under the auspices of DAT.

7. I will not, under any condition, serve as a DAT volunteer while under the influence of drugs, alcohol or any other substance.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS OF THE FORGOING VOLUNTEER AGREEMENT AND RELEASE AND THAT I WILL COMPLY WITH THE SAME.

APPLICANT SIGNATURE (APPLICATION MUST BE SIGNED) DATE

PARENT SIGNATURE (IF APPLICANT IS UNDER AGE 18) DATE

Dallas Art Therapy
Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the "Release") executed on _____, 20__ by _____
(print name) ("Volunteer") releases Dallas Art Therapy, a non-profit 501(c)(3) charity organized and existing under the laws of the State of Texas ("Nonprofit"), and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer Services To Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteerservices.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. Assumption of Risk: I understand that activities of Nonprofit may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Nonprofit from all liability resulting from these activities
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that this Release shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature /Date