



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: _____

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 be invoiced **\$9.95** to help off-set the cost of the required background check provided by VeriFYI a background check service of VolunteerNow. I also agree to promptly pay the invoice.

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's 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 volunteer services.
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



Background Verification Release Form

AGENCY INFORMATION

| | |
|----------------------------|---------------------|
| Date | Agency Name |
| Contact Name | |
| Agency's Main Phone Number | Agency's Fax Number |

APPLICANT INFORMATION:

| | | | |
|---|---|------------------------------|--------------|
| Applicant Full Name (Last, First, MI) | | Maiden or Other Name(s) Used | |
| Current Address | | | |
| City | State | Zip Code | County |
| Social Security Number | Date of Birth | Driver's License Number | State Issued |
| Position Applied for | Contact Phone Number | Email Address | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either | Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other | | |

_____ (the "Organization") may request a comprehensive review of your background information from a consumer reporting agency in connection with your employment/volunteer application and for employment/volunteer purposes, including promotion, reassignment, or retention as an employee or volunteer. Your background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are selected by the organization, throughout your volunteering or employment VERIFIY, 2800 Live Oak Street, Dallas TX 75204, 214-818-9839, and its designated agents and representatives or another consumer reporting agency will prepare or assemble the reports. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: consumer credit, names and dates of previous/current employment, worker's compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, civil cases, OIG/GSA, OFAC/patriot act, any sanction lists, finger printing and drug testing. These reports may include information as to your general reputation, character, personal characteristics, mode of living, work habits, job performance and experience along with reasons for termination of past employment from previous employers. You may request more information about the nature and scope of any investigative consumer reports by contacting the organization. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

Authorization and Release

I, _____ authorize the complete release of these records or data pertaining to me which an individual, organization, firm, corporation, institution, school or university, law enforcement or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment/volunteering at the organization. I release all persons or entities from liability from any alleged damage that may result from furnishing accurate information in good faith to the organization.

I certify that all information provided below is true and accurate to the best of my knowledge. This authorization and consent shall be valid in original, facsimile ("fax"), or copy form.

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose.

PLEASE PRINT LEGIBLY:

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

A Summary of Your Rights Under the Fair Credit Reporting Act.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| <p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 million and their affiliates:</p> <p>b. Such affiliates that are not banks, saving associations, or credit unions also should list, in addition to the Bureau:</p> | <p>a. Bureau of Consumer Financial Protection 1700 G Street N. W., Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4357</p> |
| <p>2. To the extent not include in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks:</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25 A of the Federal Reserve Act:</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations:</p> <p>d. Federal Credit Unions:</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450, Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200, Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11, Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO), 1775 Duke Street, Alexandria , VA 22314</p> |
| <p>3. Air carriers:</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings, Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E., Washington, DC 20590</p> |
| <p>4. Creditors Subject to Surface Transportation Board:</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E. Street, S.W., Washington, DC 20423</p> |
| <p>5. Creditors Subject to Packers and Stockyards Act:</p> | <p>Nearest Packers and Stockyards Administration area supervisor</p> |
| <p>6. Small Business Investment Companies:</p> | <p>Associate Deputy Administrator for Capitol Access United States Small Business Administration 409 Third Street, SW, 8th Floor, Washington, DC 20416</p> |
| <p>7. Brokers and Dealers:</p> | <p>Securities and Exchange Commission 100 F Street NE, Washington, DC 20549</p> |
| <p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations:</p> | <p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p> |
| <p>9. Retailers, Finance Companies, and All other Creditors Not Listed Above:</p> | <p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA, Washington, DC 20580 (877) 382-4357</p> |