



Heartsong Volunteer Opportunities

Dear Volunteer,

Thank you for your interest in volunteering at Heartsong.

Heartsong is a not-for-profit organization, dedicated to providing creative arts therapy programs for individuals with special needs. Your participation as a volunteer is vital to the success of our mission.

We need your help in many facets of our organization. If you are volunteering at our program site, your primary responsibility will be to work closely with the therapists as they direct and guide you to work with program participants. ***Unfortunately, we will not be accepting applicants who are under 15 years old.*** In some cases, your role will be to help participants to physically manage instruments or art supplies. At other times, you will work with participants who are capable of manipulating instruments or supplies, but who will need your assistance to help them maintain their focus. In general, your role will be to help maximize a participant's potential by guiding them to participate in creative arts therapy experiences as actively as possible.

Enclosed are materials that will support your experience at Heartsong. Please complete the Volunteer Application Form and other documents and return it to my attention. Please note that the medical form must be completed by your physician and returned to me before you begin volunteering in our program.

Once again, thank you for choosing Heartsong. If you have any questions, please feel free to contact me by phone or email.

I look forward to working with you.

Sincerely,

Shieda Richardson
Volunteer Coordinator
shieda.richardson@heartsong.org

Heartsong, Inc. ♥ 277 Martine Avenue, Suite 230 ♥ White Plains, NY 10601
TEL (914) 358-5613 ♥ FAX (914) 831-1051
www.heartsong.org



VOLUNTEER APPLICATION

Please print

Referral Source: Newspaper Advertisement Employee
 Relative Walk-in
 Internet School
 Volunteer Center Other: _____

Name: _____
 Last *First* *MI*

Address: _____

City, State, Zip: _____

Telephone: (H) _____ (W) _____

Cell: _____ Email: _____

Date of Birth _____ School / Work: _____

Emergency Contact: _____ Phone: _____

Parent/Guardian Name (*if under 18 years of age*): _____

DEMOGRAPHIC INFORMATION

(optional – used to compile statistics on volunteer profiles)

Age Group:

15-18 18-24 25-39 40-55 55+

Ethnicity/Race:

White Black Hispanic Asian or Pacific Islander Native American Other

Please check appropriate answer below and add explanation where necessary.

	Yes	No
If you are working, may we contact you at work?		
Have you filed an application here before? If yes, give date: ____/____/____		
Have you ever volunteered or been employed here before? If yes, give dates: (from) ____/____/____ (to) ____/____/____		

Please indicate your preferred volunteer interests and availability:

<p>AREAS OF VOLUNTEER INTEREST: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Music Therapy <input type="checkbox"/> Art Therapy <input type="checkbox"/> Either/No Preference</p> <p><input type="checkbox"/> Administrative (<i>Assisting in paperwork, filing, phone calls, computer work, etc.</i>): Time commitment flexible</p> <p><input type="checkbox"/> Fundraising: Time commitment flexible</p>	<p>HOURS OF AVAILABILITY: <i>(Check all that apply)</i></p> <p>Summer Vacation Program 2015: August 17, 18, 19, 20 <input type="checkbox"/> 8:45AM–12:00PM August 24, 25, 26, 27 <input type="checkbox"/> 8:45AM–12:00PM</p> <p>For After School Club: Mondays <input type="checkbox"/> 3:00PM–6:30PM <input type="checkbox"/> 4:30PM–6:30PM Wednesdays <input type="checkbox"/> 3:00PM–6:30PM <input type="checkbox"/> 4:30PM–6:30PM</p> <p>For Saturday Creative Arts Therapy Program: Saturdays <input type="checkbox"/> 9–9:45am <input type="checkbox"/> 10–10:45am <input type="checkbox"/> 11–11:45am <input type="checkbox"/> 12:30–1:15pm</p> <p><input type="checkbox"/> Other Program (<i>Please specify program</i>): _____</p> <p>Availability: _____</p> <p>Date available to volunteer: ____/____/____</p> <p>Volunteers must have reliable transportation to our program site:</p> <p>277 Martine Avenue White Plains, NY 10601</p>
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Why do you want to volunteer at Heartsong? _____

Please list any skills/interests which may be useful in volunteering at Heartsong: _____

WORK EXPERIENCE

<i>Current Employer (if applicable) Telephone</i>	<i>Summarize your job responsibilities</i>
<i>Address</i>	
<i>Job Title</i>	

EDUCATION

Name and Address of School Attended	Number of Years Completed	Graduated	Specialization, Degree or Major
<i>High School:</i>			
<i>College:</i>			
<i>Graduate:</i>			
<i>Other:</i>			

REFERENCES

Please provide us with the name of two people over the age of 18, not related, who can provide you with references. These can be personal acquaintances, former/current colleagues, employers or anyone else able to comment on your suitability for this volunteer role.

Name and Address	Telephone	Email	Relationship
1.			
2.			

I have received, read, and signed the Volunteer Guidelines and Procedures: Yes No

I have read and signed the Video and Photography Consent Form: Yes No

Signature _____

Please return to:

Heartsong, Inc.
277 Martine Avenue, Suite 230
White Plains, NY 10601

Shieda.Richardson@Heartsong.org
Tel: (914) 358-5613 | Fax (914) 831-1051



VOLUNTEER MEDICAL FORM
(must be completed and returned to Heartsong before volunteering)

I, _____ authorize my physician to release the following information to Heartsong, Inc.

Volunteer Signature	Print Name	Date
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(Note: if under 18, this form must be signed by a parent/guardian)

PHYSICIAN – PLEASE COMPLETE

Date of Last Physical Examination _____

Is Patient in Good Health and Able to Volunteer? ____ Yes ____ No

Immunization Dates For:

Varicella (Chicken Pox) _____ MMR#1 _____ MMR #2 _____
Hepatitis #1 _____ Hepatitis #2 _____ Hepatitis #3 _____

****immunization dates are required for applicants born after January 1st, 1970***

Date and Result of Last PPD Skin Test for
Tuberculosis _____

****Result for PPD skin test for tuberculosis MUST be from within the past 2 years***

Additional Comments/Pertinent
Information/Restrictions: _____

Physician's Signature	Print Name	Date
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Address _____

Telephone Number _____

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VOLUNTEER GUIDELINES AND PROCEDURES

The success of our program depends on you – The Volunteer. It is the volunteer’s role to actively work with the therapists to engage and redirect each child as needed while offering gentle and careful guidance. A volunteer should act as a role model and should be consistently attentive to the needs of each child by following the direction and lead of the therapists. Below are listed procedures that we ask that you follow in order to make your volunteer experience at Heartsong a success.

Program Site – Volunteers must have reliable transportation to our location at:

**277 Martine Avenue
White Plains, NY**

Absences – Please contact Heartsong Volunteer Coordinator, Shieda Richardson at Shieda.Richardson@Heartsong.org or **(914) 358-5613** about your expected absence with as much advance notice as possible and **at least 48 hours in advance**. If you miss this deadline, it is your responsibility to notify the staff by calling the main office at **(914) 358-5613**.

Consistency is extremely important for participants in the Heartsong program, and volunteers are required to make a regular commitment to their assignment.

- If you are absent once without letting us know, you can expect an email from the Volunteer Coordinator.
- If you are absent twice without explanation, you may expect another email or a phone call from the Volunteer Coordinator.
- If you are absent three times, you can expect to have a face-to-face meeting with the Volunteer Coordinator and an Administrator to discuss how we can get back on track together.
- If you are absent four times, we may drop you from the roster of active volunteers at Heartsong.

Punctuality – Please arrive at the session at least 15 minutes before and remain 15 minutes after session is completed.

Check In and Out - All volunteers **must** check in and out at the front desk with the Site Assistant and with their therapists every week. This is an important step as the Site Assistants keep records for the program and are responsible for your hours.

Cell Phones - Please silence cell phones before entering the therapy room.

Volunteer Training - Each volunteer is required to attend an orientation and training session in September, prior to the start of the program year, and ongoing as needed throughout the year.

General Guidelines for Volunteers:

- Relax and get comfortable – be calm and confident when interacting with the children.
- Build relationships and be genuine with the children.
- Watch the therapists carefully and follow their lead.
- Enjoy yourself and have fun.
- Do not over stimulate the environment – sometimes less is more.
- Try and work consistently with the same child in each session – this gives the child a sense of security.

References - Heartsong does not provide narrative type references on behalf of any volunteer or staff member for employment purposes. A written verification of the start and end date of a volunteer's assignment and hours can be requested.

Dress Code for Volunteers:

- Appropriate casual clean clothing for working with young children. Avoid low cut blouses and sweaters, cut/torn clothing and any clothing that may be considered sexually provocative.
- Avoid strong fragrances, hanging earrings and other jewelry that may get in the way.
- For your safety, it is required that you wear closed-toed shoes (ie. sneakers, flats, and shoes)

Emergency Cancellations: Please call the Heartsong office where we will leave a message, listen to WFAS-AM 1230, or watch TV News 12 for any cancellations and early closings due to inclement weather. If a decision has been made to cancel sessions early enough we will also post it on our website.

(Signature)

(Date)



Video and Photography Consent Form

For Adults (18 and over):

I (*print name*) _____, hereby grant permission to Heartsong, Incorporated, its employees or representatives to take and use: photographs, videotape and/or digital images of me for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I agree that my name and identity:

- May be revealed
 May not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Heartsong, Incorporated.

(*Signature*)

(*Date*)

(*Address*)

For Minors (under the age of 18):

I (*print name*) _____, parent or guardian of (*child's name*) _____ hereby grant permission to Heartsong, Incorporated, its employees or representatives to take and use: photographs, videotape and/or digital images of my child for use in promotional or educational materials as follows: printed publications or materials, electronic publications or presentations, websites. I agree that my child's name and identity:

- May be revealed
 May not be revealed

in descriptive text or commentary in connection with the image(s). I authorize the use of these images indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and videotape shall be the property of Heartsong, Incorporated.

(*Signature of Parent/Guardian*)

(*Date*)

(*Address*)



Agency Release of Liability for Services Performed by Staff /Interns /Volunteers Independently of Employment with Heartsong, Inc.

Policy Statement

Heartsong, Inc. strongly advises against clients and/or their families entering separate personal or professional arrangements where a Heartsong staff member/volunteer/intern will provide services for a client in any setting outside of Heartsong Inc.'s authority.

Procedures

If clients and/or their families and staff member/volunteer/intern enter a personal arrangement outside the scope of Heartsong, Inc., both parties are required to notify Heartsong Inc.'s administrative staff and sign an unsanctioned service waiver. The signed waiver will be kept in the client's file, and a copy will also be placed in the staff member/volunteer/intern's file. Staff members/volunteers/interns who fail to comply with these requirements will be subject to disciplinary action.

By signing below, I acknowledge that I have read and agreed to the terms outlined in the Agency Release of Liability for Services Performed by Staff/Interns/Volunteers Independently of Employment with Heartsong, Inc.

NAME (PRINT)

SIGNATURE

DATE

**This policy was adopted by Heartsong, Inc. on January 01, 2013.*