



Dear Student,

The staff at On With Life is pleased that you are interested in our therapy observation program.

The following procedure is required:

1. Complete Application
2. Sign Release of Liability and Confidentiality Agreement
3. Return all Forms to the Volunteer Coordinator
4. Schedule a Date/Time for Orientation
5. Sign-in Each Time You Observe
6. Wear ID Tags on Each Visit – Business casual dress (closed toe shoes, nice jeans or casual nice pants – no shorts or leggings, no dangly jewelry or scarves).
7. Memorize the Code (if necessary) for the Security System and Keep Confidential
8. Wash Hands Before and After You Observe

The front desk is the central location where you may sign in and pick up a name tag.

Thank you again for your interest in the On With Life and do not hesitate to contact me if you have further questions.

Sincerely,

Ann Lenaghan

Ann Lenaghan, Volunteer Coordinator
On With Life at Ankeny
Tel: 515-289-9600 Ext. 200
alenaghan@onwithlife.org



Brain Injury Rehabilitation Specialists

**Therapy Observation Application
 715 SW Ankeny Road
 Ankeny, Iowa 50023-9978
 (515) 289-9600 Ext. 200**

Your cooperation in completing this application is most appreciated. All applicants are considered without regard for race, color, religion, or sexual orientation. (Please print legibly.)

Date: _____
 Name: _____ Address: _____
 City: _____ State: _____ Zip: _____ E-Mail: _____
 Phone: _____ Cell: _____
 College Currently Attending: _____

Will you need verification of observation hours? No Yes How many do you need? _____

Will you need these hours verified by a certified PT, OT, or SLP vs. a PTA or COTA? No Yes

Interests:

Check all that apply:

- Physical Therapy Observation Occupational Therapy Observation
 Speech Therapy Observation Music or Recreational Therapy Observation

Availability (please "x" when you are available):

Observation hours are typically from 8-11:30 & 1:30-3:30 (ending time varies) and Saturday mornings 8-1:30 (very limited availability).

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						N/A

In Case of Emergency, notify: _____
 Name Day Phone Number Evening Phone Number

How did you learn about volunteer opportunities at On With Life?

- Radio School Newspaper
 Work Another Volunteer Another Medical Facility
 Other. Please List _____

Do you have a record of founded child abuse or dependent adult abuse, or have you ever been convicted of a crime in this state or any other state, not including traffic tickets (a conviction is not necessarily a bar to volunteerism)?

____No ____Yes If yes, please give detailed explanation including dates, locations, and nature of the offense

References:

Name	Address	City/State	Phone
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Name	Address	City/State	Phone
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Name	Address	City/State	Phone
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I agree to abide by the policies and procedures of On With Life and will respect the confidentiality of information concerning the persons served which I may learn during the course of my volunteer service. I understand that my volunteer experience can be terminated at any time.

Signature

Date

***On With Life Volunteer
Media Release Form***

I, the undersigned, do hereby give and grant permission to On With Life to use _____ name, picture(s), volunteer statement, and biographical history in *The Headway* (a quarterly newsletter published by the Corporate Office of On With Life), Public Relations & Volunteer Bulletin Boards within the facility (for recognizing current volunteers and recruiting new volunteers), or in printed materials (including brochures and display photos) for the purpose of marketing On With Life's volunteer program and services to the general public.

Date: _____ **Name** (Please Print) _____

Signature of Volunteer: _____

On With Life, Inc
Volunteer Release of Liability

I understand that there are inherent physical risks while working with persons served that may include, but are not limited to, injuries associated with lifting or assisting a person served; injuries that may be inflicted by the person served, and injuries sustained while manipulating equipment used by persons served.

Initial _____

The undersigned has agreed to engage in volunteer services for On With Life, Inc and in consideration for the satisfaction of helping my fellow being and the experience I will gain from my activities, hereby releases On With Life, Inc. its employee, officers, directors, attorney, and other volunteers from any and all claims, actions, causes of actions, demands, rights, damages, costs, loss of compensation or services, expenses, and liability of any kind, which may occur during the performance of or on connection to/with any volunteer activities.

Additionally, the undersigned binds this release on the undersigned's guardian, agents, executors, administrators, personal representatives and/or assigns, forever.

Date: _____

Volunteer Name: _____
Print Name Sign Name

Volunteer Address: _____

If the volunteer is a minor (under the age of 18) or is under a guardianship, by signature below, the guardian or parent hereby acknowledges and accepts the terms above, on behalf of the volunteer.

Parent or Guardian

Address