

Dear Volunteer,

Thank you for your interest in completing your volunteer/shadowing hours at Theraplay! Volunteers are a very important part of our organization and are valued greatly!

Duties that are required during your time include both observing the therapists during their sessions and also miscellaneous tasks within the office that are assigned as needed. These activities include: setup/cleanup of toys and equipment, cleaning/sterilizing toys, various office tasks and office maintenance. For every four hours of volunteering, you will be required to complete these assigned tasks for one hour. The other hours can be used to observe therapists in any discipline. The available therapies for you to observe are: physical, occupational and speech therapies.

Since this is a pediatric facility, we require all volunteers to three outside clearances (updated within the past 6 months) prior to starting. There is no fee for your clearances as a volunteer.

1. **FBI clearance** through the Department of Human Services This process can be completed at <http://www.pa.cogentid.com/index.htm>. Select "Dept. of Human Services". Register online and select "DHS Volunteer" on the drop down menu for "Reason Fingerprinted". Be sure to submit a copy of the results to Theraplay. These results will be mailed to your home address.
2. **Child Abuse History Certification** can be obtained online. You can apply, and if applicable, pay online at [www.compass.state.pa.us/cwis](http://www.compass.state.pa.us/cwis) . Applying for your Child Abuse History Certification online expedites the application process and provides the applicant with their results electronically. The Department of Human Services (DHS) strongly encourages applicants to apply for their Child Abuse History Certification electronically as this streamlines the process and makes it more efficient for the applicants. For individuals applying for their Child Abuse History Certification for **volunteer purposes, the fee has been waived and no payment is required.**
3. **Criminal Record Check** can be obtained online at <https://epatch.state.pa.us/Home.jsp> . Select the tab "New Record Check" "Volunteers Only". Follow the directions and you will receive the results online. Download a copy and send to Theraplay along with your other clearances.

Below you will find our Volunteer Packet. Please complete the "Volunteer Experience Interview Screener" and the "Volunteer Application" and return as soon as possible. We will follow up with you if a volunteer position is available. You will then need to obtain your FBI clearance. Please be aware we are not able to accommodate all applicants as we have a limited number of spots available.

During your time with us, you will be expected to take an active role in your learning experience by asking questions, taking initiative to complete daily support tasks, and interacting with staff and children within the scope of your role. At the end of your time with us, a copy of your Volunteer Evaluation as well as Volunteer Time Sheet will be offered to you. We periodically receive requests from volunteers to write a recommendation letter for a college application. Please be advised we will consider writing a letter for those who exceed our expectations and on a case by case basis only.

Finally, please be aware of our dress code policy as stated below.

1. Professional attire is expected to be worn. This includes no jeans with tears/holes, track pants, shorts or sweatpants. Cut-off shirts, spaghetti-type straps, and halter tops are not permitted. Capri type pants are allowed if pant leg is below the knee. The belly and back areas must be covered at all times.
2. Appropriate shoes must be worn in order to perform your job. No flip flops, or high heels are permitted at any time for treatment times. Sandals that are strapped onto the foot are permitted, as long as they remain on during treatments. Bare feet are not permitted at any time.
3. Some children require handling and may get injured on jewelry worn. For this reason, jewelry should be limited, including pins, earrings, necklaces, and bracelets. Excessive jewelry can harbor germs and present an unsanitary environment.
4. Excessive perfumes and scented lotions should not be worn in treatment areas. Many children have sensitivities to smells as well as allergies.
5. A name tag will be issued to you and is expected to be worn at all times. Please return name tag at completion of volunteer hours.
6. If you violate dress code, you will be sent home.

Let us know if you have any questions. We look forward to hearing from you!

Sincerely,

Theraplay, Inc.

**Theraplay, Inc.**  
**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          Last                      First                      MI

Address: \_\_\_\_\_  
          \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Areas of Interest/Reason for Volunteer Position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Related Experiences: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have FBI Clearance that is less than 6 months old?	Yes	No
Do you have PA Criminal Record Clearance that is less than 6 months old?	Yes	No
Do you have PA Child Abuse Certification that is less than 6 months old?	Yes	No

How did you hear about us? \_\_\_\_\_

References: 1. \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_

                  2. \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_  
                  \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Theraplay, Inc.**  
**Volunteer Experience Interview Screener**

1. Why did you pick Theraplay to complete your volunteer experience?

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2. What are you hoping to achieve upon completion of your volunteer experience?

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3. Do you have prior experience with children? Do you feel comfortable interacting with a child in play?

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4. Have you had exposure to or experience in customer service?

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5. Tell us about the role you tend to take in group projects.

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6. Schedule changes happen frequently; how would you handle an unexpected change in your schedule or deleted tasks?

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7. If a problem arises while you are working on a project, how might you go about solving it?

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8. What is your preferred learning style?

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9. How many volunteer hours do you need? \_\_\_\_\_. What is your preferred start and end dates:\_\_\_\_\_.

10. What days and times are you available? (Theraplay, Inc is opened 8:00am -8:00pm Mon-Thursday, 8-5pm on Friday and 8-3:30pm on Saturday)

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11. Will you be asking for a recommendation letter (and therefore volunteering for a minimum of 40 hours)? YES NO