

**TENDER ONES
THERAPY SERVICES**



www.tenderones.com

Pre-Volunteer Requirements Check-list

Thank you so much for lending a hand here at T.O.T.S.!
We hope that
you have a fun experience and learn a lot.

Before you can start volunteering, it is necessary for you to submit the following items to T.O.T.S.:

- Background Check
 - This may be obtained from your local police station
 - A driver's license or identification card is required
 - Costs approximately \$25.00-\$35.00
- Copy of your Driver's License
- Exercise Science students must have liability insurance through the University and written objectives of the internship
- If you would like to volunteer at the Dacula or Gainesville location, please email the attached form to Marion Viar, at marionviar@tenderones.com

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2089 Teron Trace, Suite 120 Dacula, GA 30019
Office: 770-904-6009 Fax: 770-904-2357

1100 Sherwood Park Dr. NE, Suite 220 Gainesville, Ga 30501
Office: 678-971-5048 Fax: 678-971-5087

Volunteer/Intern Request

Student Name: _____ DOB: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

I am a student at: _____

I am interested in: Physical Therapy Occupational Therapy Speech Therapy

I am in: High School College Other _____

I request a(n): Internship Volunteer Required Hours: _____

Available days and times for observation: _____

Student Observer Agreement

I, _____, agree that I will uphold the highest standards of behavior when participating in educational activities/observations at Tender Ones Therapy Services, Inc. I understand that any information that is discussed while participating in or observing therapy at Tender Ones Therapy Services is to remain confidential and should not, under any circumstance be discussed outside of Tender Ones Therapy Services, Inc.

I agree to remain with the appropriate therapist in the treatment rooms at all times and not to engage in the manipulation of any piece of equipment without explicit permission from a staff member or therapist of Tender Ones Therapy Services, Inc.

Tender Ones Therapy Services, Inc. encourages the interest in, and the pursuit of, occupations in health care services that benefit children and their families. This organization strives to provide innovative, excellent therapeutic services to our clients. In addition, we strive to provide educational opportunities for future Physical, Occupational, and Speech therapists in the community. I understand that should my behavior be inconsistent with the mission of this company, I will be asked to discontinue my affiliation immediately.

In consideration for the privilege to participate as a student intern or volunteer the undersigned does hereby agree to hold harmless and indemnify Tender Ones Therapy Services, Inc., its affiliates and subsidiaries, owners and principals, and employees and contractors and further release them from any liability of responsibility for accident, damage, injury, illness or death to the undersigned or property owned by the undersigned. Furthermore, I understand and agree that I will be both civilly and criminally responsible for failure to maintain compliance with policies set by Tender Ones Therapy Services as well as those requirements set by law.

I agree with these policies and procedures and promise to abide by them during and after my affiliation with this agency.

Printed Name: _____

Signature: _____