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Volunteer/Observer Application

Thanks for your interest in volunteering at Pediatric Possibilities. Please provide the following information so that we can ensure that your volunteer experience at Pediatric Possibilities meets your needs. In addition, this information will aid us in providing recommendations or letter of references if needed.

Application Date:	
Name:	
Home Address:	
Home Phone Number:	
Cell Phone Number:	
Email Address:	
Emergency Contact Phone Number #1:	
Emergency Contact Phone Number #2:	
Date Of Birth:	
I am currently:	
In High School: yes no	School:
In College: yes no	College: Program:
Other:	
List any work or volunteer experience, especially relating to children, camp, medical, or therapy/rehab services:	
Reason For Seeking Volunteer Hours:	

Do You Need a Specific Number of hours? If so how many?	
Days Available:	Hours Available:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Requested Beginning Date:	
Date Experience Needs to be Completed:	
Experience Objective:	<i>Please provide a written objective for your job shadow or volunteer experience.</i>
Can we contact you in the future if other volunteer opportunities come up?	

Volunteer Name_____

<p>Photo Of Volunteer</p>
