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211 West Matthews St. Suite 106
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Volunteer/Observer Application

Thank you for your interest in volunteering at Pediatric Possibilities. We require OT volunteers to commit to a minimum of 30 to 40 hours and OTA volunteers to commit to 20 to 25 hours, during a fall, spring, or summer period. If you feel like you meet the requirements and are willing to commit to a time period, please complete this application and we will contact you with further instruction.

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 or no School name: In College: yes or no College: Program: Other:

List any volunteer or community involvement especially relating to children, camp, medical, or therapy/rehab services:	
Please select which periods you are available:	Fall (Sept-Dec) Summer (June-Aug) Spring (Jan-May)
Days Available:	Hours Available:
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
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?	
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Volunteer Signature: _____ Date: _____

