

VOLUNTEER/JOB SHADOWING INFORMATION SHEET

Thank you for your interest in volunteering/shadowing at Triangle Therapy Services, LLC. Our programs would not be able to run without students/volunteers. Please fill out this form and return by fax or email.

Name:			DOB:			
ell: Email:						
ity:						
Purpose for volunteering/job shadowing:						
hone #:						
are interested in: (circl	e)					
MANDATORY ORIENTATION FOR VOLUNTEERS MAY 16 – time tba						
Tiny Talkers week:			June 7-11	L 20	21	8:30-1:00
Barn Buddies week:			June 14-1	L8 20	21	8:30-1:00
Hippotherapy Side wa	lker					
a. Summer session			b. Fall se	ssion		
4. Therapy aide for summer groups						
5. Maintenance crew						
a. Maintaining gardens b. Cleaning barn						
c. Cleaning horse stalls d. Creating new play areas.						
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Please share any other information you feel is pertinent on another sheet or the back of this form.