



Shenandoah SOUNDstart, LLC

Pediatric Therapy Center

1330 Amherst St., Ste. D, Winchester, VA 22601

Phone: (540)514-8486, Fax (540)301-3618

Student Observation/Volunteer Form

*The information provided here will be kept confidential. *

Requirements	
<ul style="list-style-type: none"> ▪ Minimum 20 years of age ▪ Enrolled in college as full or part time student, recent graduate applying to grad school, or graduate students ▪ Copy of most recent resume ▪ Comply with business casual dress code policy ▪ Adhere to policies and procedures set forth by Shenandoah SOUNDstart, LLC ▪ Completion of HIPPA training and all required documents prior to starting ▪ Commitment to a weekly set-schedule 	
Demographic Information	
Name: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Last First Middle Other(maiden) </div>	
Date of Birth: ____ / ____ / ____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Type of Visa: _____	
Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Street City/State Zip Code County </div>	
Phone Number: (____) _____ - _____ Email: _____	
Education	
High School: _____ Address: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name Date of Graduation Street </div> City/State	
College: _____ Graduation/anticipated date: ____ / ____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name Year Major/Degree </div>	
Graduate School: _____ Graduation/anticipated date: ____ / ____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> Name Year Major/Degree </div>	
Type of Experience	
Type: <input type="checkbox"/> Volunteer <input type="checkbox"/> Observation <input type="checkbox"/> Undergraduate Intern/Externship <input type="checkbox"/> Graduate Level Intern/Externship	
Area of specialty requesting: <input type="checkbox"/> SLP <input type="checkbox"/> OT <input type="checkbox"/> PT <input type="checkbox"/> Office support Hours requesting: _____	
Is this a requirement for your college/university/class? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Is this a requirement for graduate school applications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
Reliable Transportation <input type="checkbox"/> Yes <input type="checkbox"/> No Method of Transportation: _____	
Limitations/reasonable accommodations Shenandoah SOUNDstart, LLC should consider: _____ _____	



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Hours

Monday-Thursday 8am-7pm & Fridays 8am-5pm

Please list earliest start and latest end times you are available to commit to a weekly schedule.

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

Please list any days of known absences (vacations, school breaks, employment, etc.) _____

Employment and/or Volunteer Experience

Have you previously volunteered/observed at Shenandoah SOUNDstart? Yes No

If yes, with whom: _____ Dates: _____

Please list any volunteer service completed and required with any clubs, groups, or organizations:

(Place and hours) _____

Are you currently employed? Yes No

If yes, where: _____

Special skills, unique qualities you would bring to Shenandoah SOUNDstart, LLC

- 1.
- 2.
- 3.
- 4.

Crimes

Have you been convicted of any crimes? No Yes

Please explain: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: (____) _____ - _____

Student Pledge

I agree to fulfill the duties and time commitments including training sessions, projects, filing, cleaning, etc. and to provide adequate notice (24 hours minimum) if I am unable to meet my commitments. I also agree to adhere to the policies and procedures set forth by Shenandoah SOUNDstart, LLC, Pediatric Therapy Center.

Student Signature: _____ Date: _____