

TRIANGLE THERAPY SERVICES

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: _____

Address: _____

Cell: _____ Email: _____

School/University: _____

Purpose for volunteering/job shadowing: _____

References & phone #: _____

Programs you are interested in: (circle)

MANDATORY ORIENTATION FOR VOLUNTEERS MAY 16 – time tba

- | | | | |
|-----------------------------------|------------|-----------------------------|--------------|
| 1. Tiny Talkers week: | June 7-11 | 2021 | 8:30-1:00 |
| 2. Barn Buddies week: | June 14-18 | 2021 | 8:30-1:00 |
| 3. Hippotherapy Side walker | | | |
| a. Summer session | | b. Fall session | |
| 4. Therapy aide for summer groups | | | |
| 5. Maintenance crew | | | |
| a. Maintaining gardens | | b. Cleaning barn | |
| c. Cleaning horse stalls | | d. Creating new play areas. | |
| 6. Job Shadowing: | OT | PT | ST |
| | | | Hippotherapy |

Please share any other information you feel is pertinent on another sheet or the back of this form.