



# Volunteer Application

## CONTACT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State		ZIP	
Phone			E-mail Address			
Date Available		School Name			Year in School	
Field of Study/Major						
Current Employer (if applicable)			Career Goals			
Please indicate any professional licenses you have (RN, CNA, COTA, SLPA, etc.)						
How did you hear about the volunteer program at K.I.D.S. Therapy Associates, Inc.?						

## AVAILABILITY

Please check the days and times you have availability to volunteer in the clinic. Preference is given to those who are able to commit to: two 4 hour shifts a week, for a 4 month duration.

Monday	9am-1pm <input type="checkbox"/> 1pm-5pm <input type="checkbox"/>	Tuesday	9am-1pm <input type="checkbox"/> 1pm-5pm <input type="checkbox"/>	Wednesday	9am-1pm <input type="checkbox"/> 1pm-5pm <input type="checkbox"/>
Thursday	9am-1pm <input type="checkbox"/> 1pm-5pm <input type="checkbox"/>	Friday	9am-1pm <input type="checkbox"/> 1pm-5pm <input type="checkbox"/>		

I am available for a total of:  80 to 100 hours.  
 Other: \_\_\_\_\_

## IN A WELL-FORMULATED PARAGRAPH:

What personal attribute do you believe sets you apart from other applicants to the K.I.D.S. Therapy Associates, Inc. volunteer program? Please provide a specific example demonstrating this attribute.

**IN A WELL-FORMULATED ESSAY:**

*What motivates you to apply to this volunteer program and what are three goals you hope to achieve from this experience?*

**DISCLAIMER AND SIGNATURE**

I certify that all information supplied in this application is true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in immediate termination of my candidacy as a volunteer applicant.

I understand and agree that in the performance of my duties as a volunteer at K.I.D.S. Therapy Associates, Inc. I will abide by all policies and procedures, including attendance guidelines and patient confidentiality. I understand that failure to comply with these requirements may result in my dismissal as a volunteer.

Signature	Date
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