Volunteer/Aide 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.)

Please indicate which position(s) you are interested in: ☐ Therapy Aide ☐ Volunteer

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.

Monday	9am-1pm ☐ 1pm-5pm ☐	Tuesday	9am-1pm ☐ 1pm-5pm ☐	Wednesday	9am-1pm ☐ 1pm-5pm ☐
Thursday	9am-1pm ☐ 1pm-5pm ☐	Friday	9am-1pm ☐ 1pm-5pm ☐		

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 K.I.D.S. Therapy Associates, Inc.? Please provide a specific example demonstrating this attribute.

IN A WELL-FORMULATED ESSAY:

What motivates you to apply to this aide position/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 therapy aide or as a volunteer applicant.

I understand and agree that in the performance of my duties as an aide or 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 an aide or as a volunteer.

Signature	Date