

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, mail, or email.

Name:

DOB:			_				
Address:							
Cell:							
Email:							
School/Unive	rsity/Job):					
Purpose for v	olunteei	ring/job shad	owing:				
References &	phone	#:					
T-shirt size (unisex): Small			Mediu	m	Large	XLarg	e Other
Programs you				R VOL	UNTEERS MA	NY 19 – 1	¹ 2pm - 1:30pm
1.	Tiny Talkers week:			June 3-7	2024	8:30am-1:00pm	
	Barn Buddies week:						8:30am-1:00pm
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 Sh	adowing:	OT	PT	ST Hipp	otherapy	