

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:	ell: Email: _							
School/Unive	rsity:							
Purpose for v	olunteering	g/job shadowing	g:					
References &	phone #: _							
T - Shirt Size:	Small	Medium		Large		XLarge	Other	
Programs you	are interes	sted in: (circle)						
Λ	1ANDATOR	Y ORIENTATION	I FOR	VOLU	NTEERS	S MAY 21, 2023	8 – time tba	
1.	Tiny Talkers Camp:				June 5	-9, 2023	8:30 am - 1:00 pm	
2.	Barn Buddies Camp:				June 1	2-16, 2023	8:30 am - 1:00 pm	
3.	Hippotherapy Side walker							
a. Summer session				b. Fall session				
	4. Therapy aide for summer groups							
5.	5. Maintenance crew							
 a. Maintaining gardens b. Cleaning bar 								
					d. Creating new play areas.			
6.	Job Shadov	wing: OT	Γ	PT	ST	Hippotherapy		

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