



7209 Creedmoor Rd. Suite 101
 Raleigh, NC 27613
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Volunteer/Observer Application

Thank you for your interest in volunteering at Pediatric Possibilities. We require OT volunteers to commit to a minimum of 30 to 40 hours and OTA volunteers to commit to 20 to 25 hours, during a fall, spring, or summer period. If you feel like you meet the requirements and are willing to commit to a time period, please complete this application and we will contact you with further instructions.

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|---|--|
| Application Date: | |
| Name: | |
| Home Address: | |
| Home Phone Number: | |
| Cell Phone Number: | |
| Email Address: | |
| Emergency Contact Phone Number #1: | |
| Emergency Contact Phone Number #2: | |
| Date Of Birth: | |
| I am currently: | In High School: yes or no School name: In College: yes or no College: Program: Other: |
| List any volunteer or community involvement especially relating to children, camp, medical, or therapy/rehab services: | |

| | |
|---|--|
| Please select which periods you are available: | Fall (Sept-Dec) Summer (June-Aug) Spring (Jan-May) |
| Days Available: | Hours Available: |
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Experience Objective: | <i>Please provide a written objective for your job shadow or volunteer experience.</i> |
| | |
| Can we contact you in the future if other volunteer opportunities come up? | |

Volunteer Name _____

