



Phone: 540-568-4980 Fax: 540-568-3886

Mailing Address:

755 Martin Luther King Jr. Way, MSC 9022
Harrisonburg, VA 22801

Physical Address:

131 W. Grace St., Rm 1100
Harrisonburg, VA 22807

➤ **Volunteer Application Deadlines:**

Spring 2019 Deadline:	FULL
Summer 2019 Deadline:	04/01/2019- 04/08/2019
Fall 2019 Deadline:	04/08/2019- 04/15/2019

➤ **Contact Information:**

Name and Date:	
Street Address	
City, State, Zip	
Cell Phone	
Home Phone	
E-mail Address	JMU: _____ Other: _____
<i>If Applicable:</i>	
School & Major	
Anticipated Graduation Date	

➤ **Availability:**

- **What semester are you applying for (Spring, Summer, Fall)?** _____
- **How many hours TOTAL do you want to volunteer EACH week?** _____
- **What days/hours are you available to volunteer? (Please List in Order of Preference)**

Semester	Day(s) (i.e. M, W, etc.)	Hours (i.e. 10am-12pm)
Fall Spring Summer		
Fall Spring Summer		
Fall Spring Summer		
Fall Spring Summer		
Fall Spring Summer		



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➤ **Previous Experience:**

Summarize any special skills you have acquired from employment, previous volunteer experiences, or through other activities including hobbies or sports:
Why are you interested in the field of Occupational Therapy, more specifically, why are you interested in working within the Pediatric Occupational Therapy field?

➤ **What are your volunteer interests?**

<input type="checkbox"/> Marketing	<input type="checkbox"/> Special Events	<input type="checkbox"/> Clerical Duties
<input type="checkbox"/> Creative Opportunities	<input type="checkbox"/> Clinic Maintenance	<input type="checkbox"/> Children and Families
<input type="checkbox"/> Newsletter Production	<input type="checkbox"/> Volunteer Coordination	<input type="checkbox"/> Other (please specify) _____

**Please list any additional things that you are especially passionate about and could bring to OTCES:*

➤ **Please List Any Special Certifications, Skills, or Qualifications:**

➤ **Emergency Contact Information:**

Name	
Street Address	
City, State, Zip	
Cell Phone	
Home Phone	
E-mail Address	



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- **Agreement and Signature** By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

- **Parental/Guardian Consent for Minors: (14-up to 18 years of age)**

I _____ DATE: _____, _____ DATE: _____
(parent/legal guardian, *printed name*) (parent/legal guardian, *signature*)

have reviewed and understand the application required by JMU-OTCES facility, and do hereby consent to _____'s participation in JMU-OTCES' volunteer program.
(name of minor).

- **Our Policy:**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.