



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

**Mailing Address:**  
601 University Blvd, MSC 9022  
Harrisonburg, VA 22807

**Physical Address:**  
131 W. Grace St., Rm 1100  
Harrisonburg, VA 22807

➤ **Volunteer Application Deadlines:**

<b>Summer 2017 Deadline:</b>	<b>Summer 2017 Semester is FULL</b>
<b>Fall 2017 Deadline:</b>	<b>Fall 2017 Semester is FULL</b>
<b>Spring 2018 Deadline:</b>	<b>Applications Accepted between 09/15/17-09/30/17</b>

➤ **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)
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		

➤ **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?



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➤ **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 Special Certifications, Skills, or Qualifications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

➤ **Emergency Contact Information:**

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

- **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	

➤ **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.