

Pediatrics Unlimited

Be The Best You Can BEE With Therapy



STUDENT/VOLUNTEER APPLICATION

Today's Date: _____ Name: _____

Mailing Address: _____

Phone Number: (____) _____ E-mail: _____

Clinic Preference: Spartanburg Greenville Gender: Male Female

1. Are you currently in high school? Yes No
2. What school/program are you currently enrolled in? _____
3. What school/program(s) are you planning to apply to? _____

4. What prior experience do you have with volunteering/observing? _____

5. What do you hope to get out of your experience at Pediatrics Unlimited? _____

6. When are you available to volunteer? Check all that apply.
 Monday Tuesday Wednesday Thursday Friday
 Mornings Afternoons One time Multiple times
7. What discipline would you like to volunteer in? Check all that apply.
 Occupational Therapy Physical Therapy Speech Therapy Office Intern

You can submit your application in one of the following ways:

- 1) Fax your completed application to (864) 595-4821 **OR:**
- 2) Mail your completed application to: **355 Oak Grove Road, Spartanburg, SC 29301 OR:**
- 3) E-mail your application to: volunteers@pediatricsunlimited.org. In the subject line, please write "Volunteer Inquiry".

THANK YOU FOR YOUR APPLICATION

355 OAK GROVE RD. SPARTANBURG, SC 29301

864-595-4225 FAX 864-595-4821

••••• Occupational ••••• Physical ••••• Speech ••••• Music •••••

9-D MAPLE TREE CT. GREENVILLE, SC 29615

864-627-0009 FAX 864-627-0333