



Pappas Rehabilitation Hospital for Children (PRHC)

Volunteer/Student /Intern Application

Personal Information

Name			
Street Address			
City ST ZIP Code			
Home / Work / Cell Phone	()	()	()
E-Mail Address			
School or Program			

Availability

Start Date:

End Date:

During which hours are you available for volunteer/student/intern assignments?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Interests

In which areas are you interested in volunteering/student/internship assignments volunteering?

Administration Occupational Therapy Speech & Language Recreation Department
 Brayton High School Nursing Department Physical Therapy Summer Program

Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name			
Street Address			
City ST ZIP Code			
Home / Work / Cell Phone	()	()	()
Relationship			

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.

Signature Needed: _____ Date: _____

Copy of Driver's License / Student ID / Mass ID must be provided