



Skills on the Hill

PEDIATRIC OCCUPATIONAL THERAPY

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VOLUNTEER APPLICATION FORM

Date: _____

Name		
Address		
Contact Number	Email	
Education/Special Training		
Highest Grade Level Completed		
Employer's Name/ School's Name		
Occupation/Academic Major		
Volunteer Experience (Position)	(Agency)	(Date)

Proposed Start Date		
Proposed End Date		

SKILLS ON THE HILL provide equal opportunities without regard to race, color, religion, national origin, ethnicity, gender, sexual preference, age, or disability.

REFERENCES AND EMERGENCY CONTACT

Duration of Volunteer Services / Available Schedule

Reference 1

- Name _____
- Contact # _____
- Email _____
- Address _____
- Work _____

Reference 2

- Name _____
- Contact # _____
- Email _____
- Address _____
- Work _____

Emergency Contact

- Name _____
- Contact # _____
- Email _____
- Address _____
- Relationship _____

Employer's Name/ School's Name

Occupation/Academic Major

Statement of Understanding:

I hereby certify that all information is true, complete and has been given voluntarily. I understand that I may be required to provide further information related to volunteer position. I acknowledge that any false statements or misrepresentations I make may result to immediate dismissal from the organization.

Applicant's Signature

Date

QUESTIONNAIRES:

- **Why are you interested in the field of Pediatric Occupational Therapy?**

- **Indicate Special skills you have acquired from employment (previous or current), volunteer experience, or other related activities including sports and hobbies:**

- **What would you like to gain from your volunteer experience? Describe your successful volunteering.**

- **List down qualities and skills you are confident to share with Skills on the Hill.**

- **Describe your ideal workplace, supervisor, and work responsibilities.**