

# Mighty Oaks Children's Therapy Center

## Volunteer Application

Please send your resume with this application. Email to [mightyoaks1@comcast.net](mailto:mightyoaks1@comcast.net)  
Applications will be reviewed on the 15<sup>th</sup> of each month. Thank you.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Emergency Phone \_\_\_\_\_

\_\_\_\_\_

Days/Times Available:      M                      T                      W                      TH                      F

\_\_\_\_\_

1. What do you hope to gain by volunteering at Mighty Oaks?
2. What are your educational goals?
3. What is the focus of your career goal?
4. If needing observational hours, what type of observation are you seeking and is it affiliated with a class you are enrolled in? If so, please list the class.
5. Will anything be required of the supervising therapist? (i.e. Mandatory assignments associated with the class and observation hours.)
6. Please list any other details you would like to include.