



Physical Therapy and Occupational Therapy

VOLUNTEER CONTACT FORM

School Name (if applicable): _____ Phone: _____

Contact Person Name: _____ Phone: _____

Individual's Name: _____ Phone: _____

Date of Job Shadowing: ____ / ____ / ____ to ____ / ____ / ____

Actual Time Individual will be in Clinic: _____

Please fill in below:

Areas of Interest	Time Desired in Clinical Area
1.	
2.	
3.	

Individual's Signature: _____ Date: _____

*Contact Person Signature: _____ Date: _____
(*school instructor/counselor/NDW Director)

Please forward or fax completed form at least one week in advance of requested job-shadowing experience date. Our fax number is 1-866-631-2029.