



VOLUNTEER APPLICATION

Name: _____ Date of birth: _____

Home Address _____

City _____ State _____ Zip Code _____

Cell/work phone: _____ Email Address: _____

Emergency contact: _____

Relationship: _____ Emergency contact phone: _____

Has a recent background check been completed: Yes No

If yes, please submit a copy with your completed application. If no, please pursue getting a volunteer background check completed. Each volunteer is responsible for providing their own background check prior to volunteering.

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

Summarize your previous volunteer experience. _____

Clinic location: 3735 Kennent Square, Suwanee, GA 30024

Program runs for 2-4 weeks, with 3 hours, morning and afternoon sessions, Mon-Fri, 8:30-3:30. Number of weeks/hours you will be needed depends on number of campers as well as volunteers. We will notify volunteers of our needs. We ask that volunteers be available for a minimum of one week for consistency with the children. Thank you for your interest in Powerhouse Therapy.

Availability: _____

PLEASE MAIL TO Powerhouse Therapy, 1525 Haven Crest Drive, Powder Springs, GA 30127

FAX 1-866-430-3367 **EMAIL** info@constrainttherapy