

## Volunteer, Student and Observation Application

Please complete the following information and return via email to [gbchambers@ches.ua.edu](mailto:gbchambers@ches.ua.edu).

Please check which of the following volunteer and/or student placements you are interested in at RISE Center.

**Clinical Experience Student** If yes, please indicate the university and course \_\_\_\_\_

**Classroom Volunteer**

**Observation Student** (maximum 4 hours) If yes, please indicate which professional you would like to observe:  
Classroom Teacher Physical Therapist Occupational Therapist Nurse Music Therapy

**Therapy Shadow Student** (maximum 30 hours) If yes, please indicate which therapist you would like to shadow. Physical Therapist Occupational Therapist Please indicate the university course requiring the clinical shadow hours \_\_\_\_\_

### CONTACT INFORMATION

NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CWID (for University of Alabama students) \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

### EMPLOYMENT HISTORY

CURRENT EMPLOYER AND/OR SCHOOL \_\_\_\_\_

POSITION AND/OR YEAR IN SCHOOL \_\_\_\_\_

MAJOR/FIELD OF STUDY \_\_\_\_\_

SPECIAL TRAINING, SKILLS, HOBBIES \_\_\_\_\_  
\_\_\_\_\_

GROUP/ORGANIZATION MEMBERSHIP \_\_\_\_\_

### VOLUNTEER HISTORY

PAST VOLUNTEER EXPERIENCE \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT EXPERIENCES DO YOU HAVE WORKING WITH CHILDREN? \_\_\_\_\_  
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WHY DO YOU WANT TO VOLUNTEER OR RECEIVE CLINICAL HOURS AT RISE CENTER? \_\_\_\_\_

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**VOLUNTEER/STUDENT SCHEDULE AND PLACEMENT**

WHAT AGE GROUP ARE YOU MOST COMFORTABLE WORKING WITH AND LEAST COMFORTABLE WITH AND WHY? (Infants, 1's, 2's, 3's, 4's, 5's). \_\_\_\_\_

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PLEASE RANK YOUR INTEREST IN WORKING IN THE BELOW CLASSROOMS 1 THRU 6, 1 BEING YOUR MOST INTERESTED PLACEMENT.

Infants	_____	2 year olds	_____	4 year olds	_____
1 year olds	_____	3 year olds	_____	5 year olds	_____

LIST THE DATE YOU ARE ABLE TO BEGIN YOUR HOURS AT RISE CENTER. \_\_\_\_\_

If you are volunteering 40 hours a month or more, it is highly recommended that you complete a health assessment, provide proof of flu vaccine and proof of TB Skin Test.
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PLEASE EMAIL COMPLETED APPLICATION TO BAILEY CHAMBERS AT [gbchambers@ches.ua.edu](mailto:gbchambers@ches.ua.edu).