Build. Learn. Thrive.

Volunteer Application

Please email your completed form to info@buildlearnthrive.com to be considered for a volunteer position.

Personal Information
Full Name: _____
Date of Birth: _____
Phone Number: _____
Email Address: _____
Address: _____
City/State/Zip: _____

What's the best way to reach you (call, text, or email and preferred time of day)?
_____

Educational Information
Current School Name: _____
Grade/Year: _____
Expected Graduation Date: _____

Volunteer Interests

Which area(s) of therapy are you interested in? (Check all that apply)
☐ Speech Therapy
☐ Occupational Therapy (OT)
☐ Physical Therapy (PT)
☐ Multidisciplinary / All of the above

What type of volunteer setting do you prefer?
o One-on-One (1:1)
o Group Settings
o Either

Which age group(s) are you most interested in working with? (Check all that apply)
☐ Infants (0-12 months)
☐ Toddlers (1-3 years)
☐ Pre-K (3-5 years)
☐ Early School Age (6 years and older)

Availability
Days available to volunteer (please specify days and times):

_____

Experience and Skills
Please describe any previous volunteer, work, or caregiving experience:

_____

_____

What skills or qualities do you bring to Build Learn Thrive?

_____

_____

Volunteer Hours Requirement
How many volunteer hours do you need to fulfill?

_____

Goals and Learning
What do you hope to achieve or learn most during your time with us?

_____

_____

References
Reference 1:
Name: _____
Relationship: _____
Phone Number: _____
Email Address: _____

Reference 2:
Name: _____
Relationship: _____
Phone Number: _____
Email Address: _____

Comments
Is there anything else you would like to share with us?

_____

_____

Acknowledgment and Agreement

☐ I understand that all volunteers will be working alongside licensed therapists.
☐ I agree to undergo a background check as part of the volunteer screening process.
☐ I certify that the information I have provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____