VOLUNTEER EXPERIENCE FORM

PLEASE PRINT CLEARLY

APPLICANT NAME ________________________ PERSON # _______________ APPLICANT EMAIL ____________________

I hereby waive my right to inspect this form and attachments of continuation. I understand I may not be required by the institution to waive that right as a condition for admission.

Date _______________________ Applicant Signature __________________________________________________________

NOTE: If the student does not sign the statement, the law specifically reserves to the student the right of access to the letter in question.

The above-named individual is seeking admission to our occupational therapy program.

One criterion for admission is that an applicant must complete seventy (70) hours of observational/volunteer experience in a United States OT setting, at a site that provides direct patient/client care. The student must be supervised by a licensed Occupational Therapist. During this experience, we hope that the applicant has had the opportunity to observe interdisciplinary activities; observe patients/clients in a variety of situations; and, if permitted, participate in some direct patient/care activities. This experience must be undertaken within two years prior to application in a maximum of two (2) settings.

Remit the completed form to: Occupational Therapy Program, Department of Rehabilitation Science, University at Buffalo, 501 Kimball Tower, Buffalo, NY 14214-3079 or fax to: 716-829-3217 by January 15th. Thank you for your cooperation.

Types of clients served by your Center: _______________________________________________________________________

Total number of hours applicant participated in the volunteer experience as described above: _________________________

Dates volunteered (please include year): _____________________________________________________________________

_____________________________________________________________________________________________________

Quality of volunteer work

Please provide information on the overall quality of volunteer work provided by this applicant. Please consider such things as timeliness, appropriate appearance, adherence to rules/regulations, ability to interact with therapists and staff, ability to interact with service recipients, general conduct, and professionalism.

*Overall, this volunteer demonstrated work that was: ___ Excellent ___ Good ___ Fair ___ Poor

Please provide any comments/examples here. You may attach additional pages if desired. ____________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

________________________ Phone (Incl. area code): ___________________ Date Signed: _______________

Name of Center: _________________________________________________________________________________________

Address: ___________________________ No./Street ___________________________ City/State/Zip ________________________

Supervising Occupational Therapist Name (OTR or OTR/L): ____________________________________________________

Title: ____________________________ Phone (Incl. area code): ___________________ Date Signed: _______________

Signature: _________________________ Email: ______________________________________________________________

*Please note that only ratings of “Excellent” or “Good” will receive credit toward this requirement, so if you give a “Fair” or “Poor” rating, please provide us with specific information indicating why that rating was given.

August 2018