

Volunteer Registration Form

Information is confidential.

<p><u>GENERAL INFORMATION</u></p> <p><u>Name:</u> <u>Date of Birth:</u> <u>Email Address:</u> <u>Mailing Address:</u></p> <p><u>How did you learn about PMT?</u></p>	<p><u>AVAILABILITY:</u></p> <p>List the following timeframes (mornings, afternoons, evenings):</p> <p><u>Mondays:</u> <u>Tuesdays:</u> <u>Wednesdays:</u> <u>Thursdays:</u> <u>Fridays:</u> <u>Saturdays:</u> <u>Random weekend events TBD:</u> Y or N</p>
<p><u>VOLUNTEER INTEREST:</u></p> <p>Please share your interest in volunteering at our private practice and studio:</p>	
<p><u>ANY PROJECTS, etc. YOU WOULD LIKE TO INCORPORATE OR AVOID?</u></p> <p>Detail here.</p>	



PROFESSIONAL REFERENCES (1 may be personal association):
THESE CAN NOT BE FAMILY MEMBERS.

Please list Name, Title, How you are associated, Phone Number & Email Address

1)
2)
3)
4)

I give permission to Piedmont Music Therapy, LLC for contacting professional or personal references during the volunteer application process.

Signature

Date

.....
Received by PMT Staff Member: _____ Date: _____, 2019
Orientation Visit Scheduled: _____ Signed Observer Liability Form: _____