

Volunteer Information Form: Charlotte Speech and Hearing Center

A VOLUNTEER INFORMATION FORM IS **REQUIRED FOR EVERYONE** INCLUDING STUDENTS AT ANY LEVEL. IN ORDER TO STREAMLINE OUR VOLUNTEER PROCESS WE ASK THAT YOU PLEASE SUBMIT THIS FORM PRIOR TO ADDITIONAL PHONE CALLS OR EMAILS. WE WILL CONTACT YOU WITHIN 1 WEEK OF RECEIPT OF THIS FORM.

Send to Volunteer Coordinator, 741 Kenilworth Ave, Ste. 100, Charlotte, NC 28204, fax: 704 523-8031, or email to: pmorgan@CharlotteSpeechHearing.com

Contact/Background Information:

Name: _____

Address: _____

Email: _____

Daytime phone: _____ evening: _____ other: _____

Employer/School _____

Position/year in school: _____

How did you find us? _____

Who, if anyone, referred you to us? _____

Do you have an interest in speech-language and hearing disorders? _____

If so, please specify: _____

<p>STUDENTS:</p> <p>Do you have an hour requirement? ____ How many? ____ circle one: observation clinical</p> <p>If needed, what type of clinical hours?</p>

By what date do your hours need to be completed?

How many volunteer hours would you like to do for Charlotte Speech and Hearing?

_____ Hrs per (please circle) week / month / year / total.

What days/dates would you like to volunteer? _____

What times can you volunteer? _____

What are your areas of interest for volunteering? (Please circle)

Office assistance (filing, data entry) Creating/organizing therapy materials

Fundraising/Marketing Event Planning Professional assistance (e.g., speech projects)

What type of tasks do you enjoy? _____

What don't you enjoy? _____

Can you volunteer off-site if necessary? _____

Certain volunteer duties have additional requirements. Would you be willing to:

A. submit to a background check: _____ B. review and sign a privacy policy _____

Signature: _____ Date: _____