

VOLUNTEER APPLICATION

Name of Applicant (first and last name): _____

Contact information	
Address:	
City:	
State:	
Zip code:	
Phone number:	
Email address:	

Why would you like to volunteer at the ORU Music Therapy Clinic?

How did you hear about our volunteer program?

Describe any previous experience you have working with the populations we serve:
(i.e., children/adults with developmental disabilities, neurologic disorders, psychiatric disorders, and elderly with dementia/Alzheimer's disease)

What skills/qualities do you have that make you an eligible applicant for our volunteer program?

Please submit this page along with your resume and cover letter to musictherapy@oru.edu. Our clinical staff will contact you with a date/time for an interview.