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Undergraduate Student Information Sheet

Name: _____
Address: _____

Date of Birth: _____
Cell Number: _____
Work/Home Number: _____

Email address: _____
How would you like to be contacted first: _____

Getting to Know You:

What college do you attend? _____

What are your hobbies? _____

What made you choose to go to school for Physical Therapy? _____

Why did you choose NC Center for PT to volunteer at? _____

What do you hope to gain from volunteering at our clinic, what are your goals? _____

Do you have any specific skills you would like to share? _____

Availability:

How many hours are you looking to get in total? _____

List your days of the week/months and time during the day that you are available, in the space provided below. As well as when you are looking to start: