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Volunteer Information Form

Name: _____
Address: _____

Mobile number: _____
Email address: _____

About you

College attended: _____ Major _____ Graduation Year: _____
High School Attended: _____ Graduation Year: _____
Purpose for volunteering? _____

What prompted your interest in Physical Therapy? _____

Why do you want to volunteer at our clinic (NC Center for PT)? _____

What would you like to learn at our clinic, what are your goals? _____

Hobbies/Interests: _____

Other skills/strengths: _____

Purpose and Availability

Purpose: _____ Applying to DPT program _____ Hours for class for school
_____ NCSU Biology Major (BSC 492) - earn 1 credit for observing 45 hours
_____ Interest in field to decide if PT is for me
_____ Other _____

How many total hours do you need? _____ How many hours at NCCPT? _____

Time frame you are available to volunteer: (mm/dd/yy) _____ to (mm/dd/yy) _____

Unavailable dates: _____

Hours available? *Circle options*
Wed: 8-12/10-4/3-7 Mon: 8-12/10-4/3-7 Tues: 8-12/10-4/3-7
Thu: 8-12/10-4/3-7 Fri: 8-12/10-4/3-7

Unavailable times/other notes: _____