



Phone: (919) 410-8840  
Fax: (866) 598-8851

Web: [nccenterforpt.com](http://nccenterforpt.com)  
Email: [PT@nccenterforpt.com](mailto:PT@nccenterforpt.com)



5832 Fayetteville Road, Suite 106 | Durham, NC 27713 (Sutton Station)

## Volunteer 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/did you attend? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What is your interest in 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: