

**VOLUNTEER EXPERIENCE FORM
JANUARY 2021 & JANUARY 2022**

APPLICANT NAME: _____ PERSON #: _____ APPLICANT EMAIL: _____

I hereby waive my right to inspect this form and attachments of continuation. I understand I may not be required by the institution to waive that right as a condition for admission.

Date _____ Applicant Signature _____

NOTE: If the student does not sign the statement, the law specifically reserves to the student the right of access to the letter in question.

The above-named individual is seeking admission to the occupational therapy program at the University at Buffalo.

One criterion for admission is that an applicant must complete **35 hours** of observational/volunteer experience in an OT setting in the United States, at a site that provides direct patient/client care. The student must be supervised by an Occupational Therapist or an Occupational Therapy Assistant. During this experience we hope that the applicant has had the opportunity to **observe** interdisciplinary activities; **observe** patients/clients in a variety of situations; and, **if permitted, participate** in some direct patient/care activities. This experience must be undertaken within two years prior to application **in a maximum** of two **2** settings.

Remit the original completed form to: Occupational Therapy Program, Department of Rehabilitation Science, University at Buffalo, 501 Kimball Tower, Buffalo, NY 14214-3079 by **January 6**.

Students should keep a copy of this form to upload to their application.

Types of clients served by your Center: _____

Total number of hours applicant participated in the volunteer experience as described above (Cannot be left blank): _____

Dates volunteered (please include year): _____

Quality of Volunteer Work

Please provide information on the overall quality of volunteer work provided by this applicant. Please consider such things as timeliness, appropriate appearance, adherence to rules/regulations, ability to interact with therapists and staff, ability to interact with service recipients, general conduct, and professionalism. **Please answer both questions below and provide comments/examples.**

1. Overall, this volunteer demonstrated work that was: ___ Excellent ___ Good ___ Fair ___ Poor ___ Other
___ This volunteer only observed and I was not able to assess work

Please provide us with specific information as to why this rating was given: _____

2. This volunteer demonstrated behaviors such as punctuality, interpersonal skills, and dependability that were: ___ Extremely professional ___ Moderately professional ___ Somewhat unprofessional ___ Very unprofessional
___ Other (please explain): _____

Please provide us with specific information as to why this rating was given: _____

3. Please provide any additional comments and/or examples here. You may attach additional pages if desired: _____

Name of Center: _____

Address: _____
No./Street City/State/Zip

Supervising Occupational Therapist Name (OTA, OTR, OTR/L): _____

Title: _____ **Phone (Incl. area code):** _____ **Date Signed:** _____

Signature: _____ Email Address: _____