



VOLUNTEER EXPERIENCE FORM
JANUARY 2023

PLEASE PRINT CLEARLY

APPLICANT NAME _____ PERSON # _____ UB EMAIL _____@BUFFALO.EDU

I hereby waive my right to inspect this form & 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 experiences, with at least 10 hours of observational/volunteer experiences in an OT setting, within 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 three years prior to application in a maximum of two 2 settings.

MAIL 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: _____