



PROGRESSIVE
THERAPY

APPLICATION FOR VOLUNTEER/INTERN PROGRAM

NAME: _____

DATE: _____

ADDRESS: _____

PHONE#: _____

Person to Contact in Case of
Emergency:

Name: _____

Phone: _____

School and program currently attending: _____

Brief description of why you would like to gain volunteer experience with Progressive Therapy: _____

Please list 3 objective goals you would like to obtain with this program:
