Volunteer Application for Inspire Physical Therapy

Thank you for your desire to volunteer at Inspire Physical Therapy. Please complete this application and return it to Inspire PT via email or fax:

- Email: info@inspireaggieland.com
- Fax: 979-690-2402

In addition to your application, we request that you submit a short video introducing yourself and answering the following prompt.

- Prompt: What do you hope to gain from a volunteer experience at Inspire?

Any applications that are submitted incomplete or without introductory video will not be considered

Please keep the following recommended application submission dates in mind when applying:

- Spring: November of the prior year (i.e. for Spring 2026, apply by November 2025)
- Fall: July of the current year (i.e. for Fall 2026, apply by July 2026)
- Summer: April (i.e. for Summer 2026, apply by April 2026)

Because of the large number of volunteer applicants we receive, we are unable to give every applicant an opportunity to volunteer with us. We ask that you only apply if you are able to commit to the entire semester (5-hour shift, once a week). If you miss more than twice, you will lose your volunteer spot and will not be able to receive a letter of recommendation (if requested).

Other expectations of a volunteer are:

- Light cleaning and laundry
- Observe follow up PT appointments
- Observe one evaluation per shift, **IF** there are evals during your shift and PT and Patient permit.
- Proper patient interactions (**WITHOUT giving medical advice**)

All applicants will be contacted before the beginning of the semester and told if they did or did not receive a volunteer position. Any applicants that do not receive a position are welcome to apply for the next semester.

All applicants that do receive a volunteer position will be required to attend a mandatory orientation. The date of the orientation each semester is to be announced.

Thank you again for your interest. If you have further questions, please email info@inspireaggieland.com

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First Name:
Last Name:
Middle Name:
Street 1:
City, State, and Zip:
Email Address:
Phone Number (s):
Date of Birth:
Age:
Gender:
Emergency Contact Name and Relationship:
Emergency Contact Phone Number:
Degree(s) Earned:
If you are currently in college, please indicate which school you attend, your degree plan, and year you plan to graduate:
Skills, Experience & Interests:
What are you good at?
What comes easy for you?
What aspects of your professional life might be assets to our organization?
What personal or interpersonal talents do you have?
Why are you interested in volunteering at Inspire Physical Therapy?

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Applying to volunteer for: (select and date one)	○ Fall 20__ ○ Spring 20__ ○ Summer 20__

Our volunteers are here for 5-hour shifts, once a week. Please mark your availability below:

Time	Mon	Tue	Wed	Thu	Fri
7:00 am - 12:00 pm	☐	☐	☐	☐	☐
12:00 pm – 5:00 pm	☐	☐	☐	☐	☐

Personal Reference #1 (Must be over 21 years old and not members of your family:
First Name:
Lastname:
Title:
Street 1:
City, State, and Zip:
Phone Number(s):
Email Address:
Relationship:

Personal Reference #2 (Must be over 21 years old and not members of your family:
First Name:
Lastname:
Title:
Street 1:
City, State, and Zip:
Phone Number(s):
Email Address:
Relationship:

Personal Reference #3 (Must be over 21 years old and not members of your family:
First Name:
Lastname:
Title:
Street 1:
City, State, and Zip:
Phone Number(s):
Email Address:
Relationship: