

Innovative Therapy Services

Pediatric Speech-Language Services Inc.



Expect the Best in Learning Speech, Language and Social Skills

1090 Homestead Road
Santa Clara, CA 95050
Phone: (408) 241-2229
Fax: (408) 516-8585

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- ☐ Weekday mornings ☐ Weekend mornings
☐ Weekday afternoons ☐ Weekend afternoons
☐ Weekday evenings ☐ Weekend evenings

Tell us in which areas you are interested in volunteering

- ☐ Peer Mentor (school age)
☐ Events
☐ Young adult peer mentor
☐ Fundraising
☐ Phone bank
☐ Newsletter Editing
☐ emailing

Tell us about You

☐ Attending School

Name of School currently attending:

Current Grade:

Volunteer Experience: Yes No

Years of Volunteer Experience _____

Volunteering as requirement for school: Yes No

Volunteering for field experience: Yes No

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Our Policy

- It is the policy of ITS to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
- ITS will provide letter of recommendations to volunteers based on field experience and also based on level of commitment.
- Speech pathology students and SLPA, please note volunteering at ITS does not count for field work required by ASHA, it may count for observation hours, but please check with your department head or supervisor.
- Minors in high school please track your hours using official ITS form provided by the office manager.
- All other students please check with your department for requirements and setup times to discuss requirements

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Thank you for completing this application form and for your interest in volunteering with us. Please email this form back and we will setup an interview date. If you have any questions please contact ussom@pediatricspeech.com or jakia@pediatricspeech.com (408) 241-2229