



Joy & Laughter Developmental Therapy

826 N. Winchester Blvd. suite 2G
San Jose, CA 95128
Phone: (408) 337-2727
Email: info@jldtherapy.com

Volunteer Application Form

Name(First and Last): _____ DOB: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Home Phone: _____ Email: _____

Applicants Occupation: _____

Education: _____

Other Skills/Training: _____

Languages that you can speak and write fluently: _____

List Day (s) and Time (s) you can volunteer regularly each week:

Clinic Hours: Monday-Friday 8:00am-6:00pm / Saturday 8am-4:00pm

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time						
End Time						

Note: Sunday the clinic is closed

Comments:

What activities are interested in at JLDtherapy? _____

How did you hear about JLDtherapy? _____

Are you volunteering to meet certain requirements? (School, Community Service etc...) If yes, please explain:

Will you need forms completed or letter of recommendation? _____

Have you previously volunteered for JLDtherapy? If so, when? _____

How would JLDtherapy benefit from you volunteering here? _____

Please provide two references (One must be a professional reference):

Name: _____ Phone number: _____

City: _____ State: _____ Relationship: _____ Years known? _____

Name: _____ Phone number: _____

City: _____ State: _____ Relationship: _____ Years known? _____

In case of an emergency, please notify: _____

Relationship: _____ Daytime Phone #: _____

Equal Opportunity Employer

It is the policy of Joy & Laughter Developmental Therapy to practice and ensure fair and equitable employment opportunities to all individuals, regardless of race, color, religion, sex, national origin, disability, veteran status, or age.

Thank You For Your Interest in Volunteering with Joy & Laughter Developmental Therapy!