



Volunteer/Observation Information & Application

Thank you for contacting us about volunteer/observation opportunities through the programs at Rainbow Music Therapy Services. In order to learn how we can find the volunteer/observation opportunity that suits your needs please complete and return the volunteer/observation application to info@RainbowMusicTherapy.com. One of our staff members will be contacting you to discuss available opportunities.

Volunteer Application

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

How often are you interesting in volunteering/observation (check all that apply):

- One time
- Weekly
- Monthly
- Quarterly
- Summer/holiday camp
- other _____

If you are a student, please provide:

- Name of school:
- Year in school:
- Degree you are seeking:
- Please provide name and contact information for your teacher/professor:
- Are you seeking volunteer/observation opportunities for class credit? Y or N

What hours are you available? Please list below:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____

What age range(s) are you interested in working with (check all that apply):

- Children with special needs 3-12
- Youth with special needs 13-19
- Young Adults with special needs 20+



Describe your music background and experience (instrument(s) played, number of years played, performing experience, level of expertise, do you teach lessons, etc.):

Why are you interested in volunteering/observation?

What are you hoping to receive from this experience?

Describe your experience working with youth/adults with special needs:

Signature

Date