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**Volunteer Application Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What school do you attend? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your availability with regard to volunteer time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What is your clinic location preference (see below)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any prior PT volunteer or work experience (if so, when/where)?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Clinic locations:**

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| --- | --- |
| 11320 Industriplex Blvd.  Baton Rouge, LA 70809  Fax (225) 295-8236  [industriplex@peakphysicaltherapy.com](mailto:industriplex@peakphysicaltherapy.com)  PT | 145 Aspen Square, #A  Denham Springs, LA 70726  Fax (225) 667-9554  [denham@peakphysicaltherapy.com](mailto:denham@peakphysicaltherapy.com)  PT and OT (hand therapy) |
| 7069 Perkins Rd.  Baton Rouge, LA 70808  Fax (225) 769-7661  [perkins@peakphysicaltherapy.com](mailto:perkins@peakphysicaltherapy.com)  PT | 36491 Dutchtown Gardens Ave.  Geismar, LA 70734  Fax (225) 744-7330  [dutchtown@peakphysicaltherapy.com](mailto:dutchtown@peakphysicaltherapy.com)  PT |
| 3103 Monterrey Blvd., #A  Baton Rouge, LA 70814  Fax (225) 924-4717  [monterrey@peakphysicaltherapy.com](mailto:monterrey@peakphysicaltherapy.com)  PT | 4463 Hwy. 1 South, Ste. B  Port Allen, LA 70767  Fax (225) 749-9096  [brusly@peakphysicaltherapy.com](mailto:brusly@peakphysicaltherapy.com)  PT and OT (hand therapy) |
| 750 Jefferson Hwy.  Baton Rouge, LA 70806  Fax (225) 831-1299  [midcity@peakphysicaltherapy.com](mailto:midcity@peakphysicaltherapy.com)  PT | 10202 Jefferson Hwy., B1  Baton Rouge, LA 70809  Fax (225) 292-2547  [pelvic@peakphysicaltherapy.com](mailto:pelvic@peakphysicaltherapy.com)  \*Pelvic Floor Specialty Clinic Only |
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**After completing this form, please bring it by, fax it, or scan and email to the Peak location you are interested in. Someone will contact you about your request. Thanks!**