

## **Occupational Therapy Assistant Program Instructions for Volunteer Hours Requirement**



The optional volunteer hours requirement for application to the OTA program is 20 or more hours of time volunteering directly with children and/or adults at an organization that serves a population(s) of people also commonly served by Occupational Therapy.

Hours that fulfill this requirement cannot be front-office or clerical work, nor can they involve event set-up/clean-up, or other types of activities that only interact with other staff/volunteers. Hours reported must be directly interacting with the person or persons being served by the organization or event in which you are volunteering.

The intention of volunteer hours is to give candidates the opportunity to gain experience interacting with people with conditions commonly served by the field of Occupational Therapy. This should include physical or mental health conditions that are chronic/long term in nature. Conditions such as Diabetes, Cancer, Leukemia, broken bones, and/or Asthma are excluded.

Applicants who have submitted forms verifying volunteer experiences during a previous application year may use those hours in a subsequent application year. Previously submitted forms are kept in the applicant's file in the Health Science office 3 years from completion of the hours. If you have forms on file, please note this on your application.

Volunteer hours completed in a clerical role, supporting other volunteers, or by performing physical activities such as a run, walk, jump roping, or dancing as a means of fundraising will not be credited with optional bonus points.

**OCCUPATIONAL THERAPY ASSISTANT PROGRAM  
VOLUNTEER EVALUATION FORM**



Name of Applicant: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

Facility Phone: \_\_\_\_\_

Date of Volunteering: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_

Describe your volunteer experience here:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the total number of volunteer hours completed for each day of volunteer service. Multiple forms will be required. Please note volunteer hours completed by performing clerical work, supporting other volunteers, or in fundraising efforts will not be accepted.

**PRINTED** name of Volunteer Coordinator/Organization Administrator confirming hours:

\_\_\_\_\_

Title of person completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please place this form in a sealed envelope with your signature over the seal.  
Thank you for assisting our OTA Candidates with their admissions process!*

Comments: \_\_\_\_\_

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\_\_\_\_\_