UNIVERSITY OF NORTH DAKOTA OCCUPATIONAL THERAPY DEPARTMENT OT Observation/Volunteer Verification Form

To the Student: You are expected to use this form to document and verify the number of hours you volunteer in a facility or organization. Please provide all requested information. Clearly identify OT practice volunteerism.

Name of Student:

Name of Student: Name & Address of Facility/Organization	Number of Hours in each OT area, ie. PD, Psychosocial, Peds, Gero, DD; or Community-based volunteer hours	OT	Comm	Name & Signature of OT Supervisor or Volunteer Coordinator (include credentials)
Sample: Southwest Hospital 1223 SW Ave. Dane, ND	10 hrs – Pediatrics 10 hrs – Phys Dys 10 hrs – Psychosocial Dys	X X X		Mary Bates, OTR/L Mary Bades, OTR/L
Sample: Berry County Special Olympics 2446 NE Ave. Berry, ND	6 hrs		X	Mary Bates, OTR/L Mary Bates, OTR/L Allen Bates, Director Allen Bates, Director
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