Thank you for your interest in volunteering for the American Occupational Therapy Foundation!

Volunteers are the lifeblood of AOTF and play a vital role in bringing vibrancy to our mission. Your interest form will be reviewed with consideration of current volunteer opportunities. The information you provide and brief conversations with AOTF staff and current volunteer leaders will help us match your unique and impactful skills with the important work of AOTF.

First Name: _______________________________  Last Name: _______________________________________

Professional Name Listing: __________________________________________________________________

Cell Ph: (___) _______________  Work Ph: (___) _______________  Home Ph: (___) _________________

Email Address: ______________________________________________________________________________

Company/Institution: ______________________________________________ __________________________

Current Position: ____________________________________________________________________________

In what area(s) of occupational therapy do you specialize? ______________________________________

Areas of Interest

Please take a few moments to thoughtfully share your answers to the following questions:

Why are you interested in volunteering for AOTF?

How much time do you have to devote on a monthly basis to volunteer?

What unique skills and/or experience do you bring to AOTF?

Are you willing to promote and educate others both within the OT profession and beyond on the mission and activities of AOTF?

What relevant non-profit volunteer experience do you have?

Please return this form to:
AOTF | Attn: Lawrence Liff | 12300 Twinbrook Parkway, Suite 520 | Rockville, MD  20852
Email: lliff@aotf.org