

**Aquatic Therapy & Rehab Institute, Inc. (ATRI)**

6602 Chestnut Circle, Naples, FL 34109  
Toll Free Phone: 866-go2-atri (866-462-2874)  
Fax: 561-828-8150 \* Email: [mgunn@atri.org](mailto:mgunn@atri.org)

**2019 Sanibel Volunteer Application  
National Aquatic Therapy Conference**

(Please print)

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

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Event you are applying for:**

**Sanibel, FL (Jun 25-28, 2019)** \_\_\_\_\_

**Please rate questions # 1- 2 using a scale of 1(poor) – 5(excellent)**

1. Rate your comfort level to stand up in front of a group of people who are chatting, get their attention and call the room to order. \_\_\_\_\_

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

2. Rate your comfort level telling a registrant who really wants to attend a session, "I'm sorry but I cannot admit you without your name tag and itinerary. Please ask for a replacement at the Registration Office and come back." \_\_\_\_\_

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

**Answer questions # 3 - 6 with a "yes" or "no".**

3. Have you read and understand the volunteer duties? (Please feel comfortable asking us any questions. We want you to understand what volunteering entails.): \_\_\_\_\_

4. You understand that you may be the only volunteer in your courses covering all duties; or there may be two or more of you to split the responsibilities? \_\_\_\_\_

5. Have you been a volunteer at past ATRI events? \_\_\_\_\_

6. Do you have any health conditions that we need to be aware of? \_\_\_\_\_ If yes please explain:

\_\_\_\_\_

7. Tentative arrival and departure plans are:

Arriving (date) \_\_\_\_\_ at \_\_\_\_ am/pm      Departing (date) \_\_\_\_\_ at \_\_\_\_ am/pm

8. Select courses on the Volunteer Registration Form for the conference you are applying for. Use number 1 to signify your first choice and 2 for your second. You will be contacted by email to notify you if your choices are available. Volunteer positions are filled on a first come basis with preference given to those who select Complete Conference prior to the early bird deadline of the conference you are applying for.

9. Please select:

Complete Conference \$925-\$1055    Volunteer discounted rate \$695 \_\_\_\_\_

I will be available to attend the **mandatory volunteer meeting** the evening before courses start. I will arrive in sufficient time for the first assigned activity on my schedule, and stay through the last assigned activity on my schedule. I understand that ATRI will make every effort not to adjust my schedule; however I do understand that some changes may be necessary.

\_\_\_\_\_  
(Applicant's signature)

**Only applications filled out completely will be considered. Thank you!**

*Upon acceptance of your volunteer application, your registration fee will be processed. If you fail to fulfill your volunteer duties, an additional \$100 will be charged to your credit card. Please submit your Volunteer Application, Volunteer Registration and payment by one of the following means:*

Fax: 561-828-8150

Email: [mgunn@atri.org](mailto:mgunn@atri.org)

Mail: ATRI, 6602 Chestnut Circle, Naples, FL 34109

Call: (direct) 712-480-0050 (toll free) 866-462-2874

Please indicate whether your volunteer registration fee can be processed now with this credit card information.

Yes \_\_\_\_\_ No \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_      **Security Code:** \_\_\_\_\_

**Name as it Appears on Card (Print):** \_\_\_\_\_

**Billing Address of Cardholder:** \_\_\_\_\_

Street Address

\_\_\_\_\_  
City, State, Zip

**Cardholder's Signature:** \_\_\_\_\_