

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

**2017 Spring 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:

Washington, DC (Feb 13-16, 2017) _____

Chicago, IL (Apr 27-30, 2017) _____

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 \$895-\$1035 Volunteer discounted rate \$675 _____

Full-day \$375 Volunteer discounted rate \$275 _____

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

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: _____