

Morgantown Volunteer Application

(Please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Work Phone _____

Email _____

1. On a scale with 1 being poor and 5 excellent: rate your comfort level to stand up in front of a group of people who are talking, get their attention and call the room to order. _____

Comments: _____

2. Have you been a volunteer at past ATRI events? _____

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

4. Are you willing to arrive by 7:15am on Saturday and 7:40am on Sunday, serve as a liaison between the classroom and the staff, pick up the necessary materials for each course from the ATRI Staff on-site, have all attendees sign the course rosters and make the necessary announcements at the start of each course, distribute and collect course evaluations, assist in monitoring the time to ensure timely transitions from the classroom to pool, and assist the instructors with packing up pool equipment at the end of each day?: _____

August 22-23 • Morgantown, WV

Encompass Health Rehabilitation Hospital of Morgantown

Saturday, August 22

Morning Half-Day Courses (8:00 am-12:00 pm / 4 credit hours) – Choose One

____ 2212 – Balance in Preparation for Function (Ruth Sova, MS, ATRIC)

____ 2514 – Neuro Strategies (Julia Meno, CTRS, CMT, ATRIC)

Afternoon Half-Day Courses (1:00 pm-5:00 pm / 4 credit hours) – Choose One

____ 1213 – Optimal Techniques for Aging (Sova)

____ 2642 – Aquatic Therapy for Spasticity and Contracture (Meno)

Sunday, August 23

Morning Half-Day Courses (8:00 am-11:30 pm / 3.5 credit hours) – Choose One

____ 1621 – AquaStretch (Meno)

____ 3506 – Improving Common Brain Issue Function (Wykle, PhD, ATRIC)

Afternoon Half-Day Courses (12:00 pm-3:30 pm / 3.5 credit hours) – Choose One

____ 2301 – Acute and Chronic Pain (Meno)

____ 2340 – Functional Core Stabilization for Balance and Gait (Wykle)

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 payment by one of the following means:

Fax: 561-828-8150 with your credit card information.

Email: mgunn@atri.org with your credit card information.

Mail: ATRI, 6602 Chestnut Circle, Naples, FL 34109 (check or credit card information)

Call: 712-298-8007 with your credit card information.

Registration Rates:

Saturday & Sunday regular rate \$575-\$695 Volunteer discounted rate \$475 _____

Full-day \$375 Volunteer discounted rate \$300 _____

Please indicate whether your volunteer registration fee can be processed NOW with this credit card information. Yes _____ No _____

Check # _____ or

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: _____