

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

**2020 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 12-15, 2020) _____

Chicago, IL (Apr 23-26, 2020) _____

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 \$300 _____

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) 712-298-8007 (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: _____