

Occupational Therapy Assistant Volunteer Hours

Student Name_____

ID#_

| Facility | Day | Number of Hours | Therapist Signature | PRINT Therapist Name | Credential of Therapist |
|----------|-----|--------------------|------------------------|-------------------------|-------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |