



CHILD & FAMILY
DEVELOPMENT

JOB SHADOW OPPORTUNITIES

Name: _____

Today's Date: _____

Phone number: _____

Date of Birth: _____

Email: _____

Current Level of Education: _____

Are you currently enrolled in a college program? If yes, which school and grade?

Have you applied to a graduate program for PT, OT, SLP or special education program?

Do you have a required number of job shadow/ volunteer hours to complete? How many? Please explain.

Have you completed job shadowing in any other therapy or education settings? Please explain.

Do you have a specific interest in working in a pediatric setting as a professional in the future ?

Please return form to:
Tammy Sweeney, Volunteer and Community Outreach Coordinator
tammy.sweeney@joya.org
Phone (509) 326-1651 x2221 | Fax (509) 326-1658

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