



Southern Tier Alternative Therapies, Inc.

STAT

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Facilitating alternative and animal-assisted therapies to promote and enhance the health and quality of life for individuals with special needs and at risk youth in the Southern Tier

VOLUNTEER INFORMATION

CONTACT INFORMATION

Name: Mr/Mrs./Ms./Miss/Dr. _____

Title (circle one)

Address: _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

VOLUNTEER INTERESTS

Please indicate the type of volunteer activities you are interested in participating

- Y / N Events/Fundraisers (organizing, soliciting sponsors, selling tickets, serving, acting, set up, etc.)
- Y / N Assisting with The Riding Connection (equine-assisted therapy for children with special needs)
- Y / N Assisting with The ProMISE Project (mentoring and training program for at risk youth at UE HS)
 - Y / N Activity Supervisor (LMSW a plus)
 - Y / N Clinical Specialist (LMSW requirement)
- Y / N Board membership
 - Y / N Treasurer/CFO
 - Y / N Secretary
 - Y / N Scholarship Committee Chairperson
 - Y / N Media Director
- Y / N Capital Campaign and/or Membership Drive
- Y / N Special Projects (constructing improvements at partner facilities, sketch drawings, etc.)

ADDITIONAL PERSONAL INFORMATION

(Optional) Gender: Male _____ Female _____ Age: _____

Special Talent/Skill(s) you can offer: _____

Profession/Employer: _____

When are you available to volunteer? Days _____
Evenings _____
Weekends _____