

UNIVERSITY OF UTAH
OCCUPATIONAL THERAPY PROGRAM

Volunteer/Work Verification

Applicant's Name: _____

Facility Name: _____

Facility Address: _____

Name of Supervising Registered Occupational Therapist: _____

Position: _____

My signature below certifies that _____ was a
(Name of Applicant)
volunteer/staff member in the above-named facility from _____ to _____
(Start Date) (End Date)

He/she performed a total of _____ hours volunteer/work under the supervision of a
registered occupational therapist.

Signature

Date