

Summary of Paid/Volunteer Work History in Therapeutic Settings

Provide the following information regarding your experience in working with persons with disabilities.

Please list the most recent experiences first. Attach an additional sheet if necessary.

Name of Agency: _____

Supervisor's Name/Title: _____

Number of Hours at Agency: _____ Dates at Agency: ____/____/____ to ____/____/____

Brief Description of Responsibilities and Persons Served: _____

Name of Agency: _____

Supervisor's Name/Title: _____

Number of Hours at Agency: _____ Dates at Agency: ____/____/____ to ____/____/____

Brief Description of Responsibilities and Persons Served: _____

Name of Agency: _____

Supervisor's Name/Title: _____

Number of Hours at Agency: _____ Dates at Agency: ____/____/____ to ____/____/____

Brief Description of Responsibilities and Persons Served: _____

