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Volunteer/Shadow Opportunities
Union Orthotics & Prosthetics Co.

Thank you for your interest in shadowing the field of orthotics and prosthetics here at Union Orthotics & Prosthetics Co. In order for us to process your request to shadow, we ask you to complete the Volunteer/Shadow Intake Form (attached).

Please submit this completed form to Kathryn at kpainter@unionop.com

Sincerely,

Kathryn Painter
Union Orthotics & Prosthetics Co.

Volunteer/Shadow Intake Form

1. Today's Date	
2. Name	
3. Address	
4. Telephone number	
5. E-mail address	
6. Where are you currently attending school and what is your major?	
7. What is your student status? (e.g., junior, senior, etc.)	
8. What is your career goal?	
9. What is your preferred office location(s) to shadow?	
10. What is your preferred month, days and time for the shadow experience?	
11. How did you hear about Union Orthotics & Prosthetics Co.?	
12. Please provide a brief description of how you became interested in the field of O & P, any relative experience and what you hope to gain from this experience.	