



Discovering Strings and Orchestras
Volunteer Clinician Form

Name: _____

Address: _____

Telephone: _____ Email: _____

Primary Instrument: _____ Years Teaching: _____

How many miles from your above address will you travel? _____

What days and times are you available? _____

What days and times are you NOT available? _____

Are you able to provide instruments for students during the workshops? _____

If yes, how many and which instruments? _____

Would you like a letter from ASTA documenting your donated hours and mileage, for use in any professional development records, or for income taxes? _____

If yes, please state the fair market value of each: _____

Please provide any other information you think we might need to know: _____

Please return this form to the ASTA National Office

Fax: 703-279-2114

Email: maryjane@astaweb.com

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