



Art Therapy Employment / Contract Posting Form

Please fill out the following as they apply to the services you are looking for. Send the completed form to membership@oata.ca.

Type

Please check all that apply:

Full time ___ Part time ___ One time ___ Temporary Part time ___

Temporary Full time ___ Number of Sessions _____

Room for Growth ___

Employment Position: _____

Organization: _____

Location: _____

Compensation: _____

Application Deadline: _____

Organization Contact (Name): _____

Contact Information (email/fax/etc.): _____

Organization Description (Optional):

Employment Description:

