

Personal History:

Name: _____

Address: _____

Phone: _____ SSN: _____ - _____ - _____ Date of Birth: _____

Volunteer Experience:

Name/Address of Organization: _____

Contact Person: _____

Details of volunteer experience: _____

Personal References: (These cannot be relatives)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Interests and Skills

How did you become interested in the Volunteer Program?

(Circle) Individual Contact | Radio Announcement | Newspaper Recruitment Effort | Brochure | Other

Hobbies and skills: _____

Do you speak or read another language other than English? _____ If so, what? _____

Can you use sign language? _____

Areas of Interest:

(Circle all that apply) Patient Care | Clerical | Pharmacy | Social Services | Mental Health | Maintenance Fund-raising |

Other: _____

Skills: (Circle all that apply) Typing | Bookkeeping | Filing | Teaching | Data Entry |

Other: _____

Please list computer knowledge (i.e. Microsoft Word, etc.) _____

Availability:

Days Available: (Please circle) Monday | Tuesday | Wednesday | Thursday | Friday | Saturday

Hours Available: _____

I authorize the use of any information in this application to enable the Clinic to verify my statements, and I authorize past employers, all references, and any other person to answer all questions asked by the Clinic concerning my ability, character, reputation, and previous experience. I release all such persons from any liability or damages on account of having furnished such information. I agree to abide by all rules, policies and regulations of the Clinic.

Signature of applicant: _____ Date: _____