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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL CONTACT INFORMATION** | | | | | | | | | | | | | | |
| TITLE: | | GENDER: | | | | | TODAY’S DATE: | | | | | | | |
| FIRST / LAST NAME: | |  | | | | | | | | | | | | |
| STREET ADDRESS: | |  | | | | | | | | | | | | |
| CITY / STATE / ZIP CODE | |  | | | | | | | | | | | | |
| HOME PHONE: | |  | | | | | CELL PHONE: | | | |  | | | |
| EMAIL ADDRESS: | |  | | | | | | | | | | | | |
| DATE OF BIRTH: | |  | | | | | MARITAL STATUS: | | | |  | | | |
| FOREIGN LANGUAGES: | |  | | | | | PROFICIENCY: | | | |  | | | |
| **AVAILABILITY** (Please check all which apply) | | | | | | | | | | | | | | |
| Monday  🞎 8:00 – 12:00  🞎 1:00 – 5:00 | | | Tuesday  🞎 8:00 – 12:00  🞎 1:00 – 5:00 | | | | Wednesday  🞎 8:00 – 12:00  🞎 1:00 – 5:00 | | | | | Thursday  🞎 1:00 – 6:00 | | |
| **INTERESTS** (Why did you choose to volunteer at the Raphael Community Free Clinic?) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| In which areas are you interested in volunteering? (Please check all that apply) | | | | | | | | | | | | | | |
| 🞎 Administrative Work  🞎 Data Entry  🞎 Reception Area  🞎 Translator/Interpreter | | | 🞎 Janitorial  🞎 Building Security  🞎 Bldg. & Grounds Maintenance | | | | 🞎 Medical Assistant  🞎 FNP   * RN * LVN | | | | | | | 🞎 Pharmacist  🞎 Physician  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SPECIAL SKILLS AND QUALIFICATIONS** (Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.) | | | | | | | | | | | | | | |
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| **PHYSICAL LIMITATIONS** (Summarize any limitations which may reduce your ability to perform volunteer tasks.) | | | | | | | | | | | | | | |
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| **PREVIOUS VOLUNTEER EXPERIENCE** (Summarize your previous volunteer experience.) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **EDUCATION AND TRAINING** | | | | | | | | | | | | | | |
| DATES ATTENDED | COLLEGE, MED. SCHOOL, INTERNSHIP, RESIDENCY, FELLOWSHIP | | | | | LOCATION | | | | | | | DEGREES/DATES RECEIVED | |
|  |  | | | | |  | | | | | | |  | |
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| **EMERGENCY CONTACT INFO** | | | | | | | | | | | | | | |
| FIRST / LAST NAME: |  | | | | | | | RELATIONSHIP: | | | | |  | |
| HOME PHONE: |  | | | | | CELL PHONE: | | | |  | | | | |
| **CURRENT EMPLOYER** | | | | | | | | | | | | | | |
| DATES | | NAME OF EMPLOYER | | | POSITION | | | | LOCATION | | | | | |
|  | |  | | |  | | | |  | | | | | |
| **PERSONAL REFERENCES** | | | | | | | | | | | | | | |
| NAME | | | | RELATIONSHIP | | | | | CONTACT PHONE # | | | | | |
|  | | | |  | | | | |  | | | | | |
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| **AGREEMENT AND SIGNATURE** | | | | | | | | | | | | | | |
| *By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in immediate dismissal.*  *I also realize that I am making a serious commitment to give a portion of my time and energy  to assist Raphael Community Free Clinic as a volunteer.*  *I further agree to respect the privacy rights of all direct and indirect participants in any Raphael Community Free Clinic activities.*  *I also understand that either party has the option of terminating this volunteer relationship for any reason, expressed or not.* | | | | | | | | | | | | | | |
| SIGNATURE: | | | | | | | | | | DATE: | | | | |