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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.) |
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| **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: |