



NON-PROVIDER VOLUNTEER APPLICATION

(Please Print)

Name: _____ Date: _____
First Middle Last

Position volunteering for: _____

Present Address: _____
Street/Box

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell phone: _____

E-mail address: _____

Date of Birth: _____ Social Security: _____

Do you speak a language other than English? ____ If so, which? _____

Volunteer Services you can provide:

- Front office/clerical/reception Computer/Data Entry
- Skilled Labor Electrical Construction Plumbing
- Maintenance Janitorial
- Nursing Patient Assistant Pharmacy
- Help with Fundraising

1. Have you ever volunteered at a Health Center before? Yes

2. How often would you like to volunteer?

- 1-2 times per month 1 day/week 2 days/week as often as needed occasionally

3. How long a commitment can you make as a volunteer?

- 6 months 1 year more than one year

Please list days and times (including evening) you are available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

Can you:

- Take blood pressures Yes No
- Measure height and weight Yes No
- Measure pulse Yes No
- Greet patients and ask for chief complaint Yes No
- Draw blood Yes No
- Work with computers and software Yes No

Education Information:

High School: _____ Degree: _____ Year graduated: _____
College Graduate: _____ Degree: _____ Year graduated: _____
Other training: _____

Employment Information:

I am: Employed Unemployed Retired Student
Current Employer's Name _____ Position _____
Address _____
Phone _____
Dates of Employment _____ Supervisor _____

References:

List three references over 21 who are not related to you, that we may contact in connection with your application to volunteer.

	Reference 1	Reference 2	Reference 3
NAME			
Address			
Daytime phone #			
Relationship to you			
Years known			

Have you ever been convicted of or pled guilty or no contest to a crime other than a minor traffic violation?

Yes No

Criminal background check must be obtained prior to volunteering.

Date: _____ Signature: _____

Return completed application to Ruth Stoll at bak20@verizon.net