



**Beacon Clinic for Health and Hope**  
**NON-PROVIDER VOLUNTEER APPLICATION (includes RN's)**  
(Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
          First                          Middle                          Last

Position volunteering for: \_\_\_\_\_

Present Address: \_\_\_\_\_  
  Street/PO 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:**

- |  |  |
|--|--|
| <input type="checkbox"/> Front office/clerical/reception | <input type="checkbox"/> Computer/Data Entry   |
| <input type="checkbox"/> Janitorial                      | <input type="checkbox"/> Help with Fundraising |
| <input type="checkbox"/> Nursing                         | <input type="checkbox"/> Dispensary            |

1. Have you ever volunteered at a Health Clinic before? \_\_\_\_\_

2. How often would you like to volunteer?

- |  |   |                                       |
|--|---|---------------------------------------|
| <input type="checkbox"/> 1-2 times/month | <input type="checkbox"/> 1 day/week         |                                       |
| <input type="checkbox"/> 2 days/week     | <input type="checkbox"/> as often as needed | <input type="checkbox"/> 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?

*Note: We anticipate growth in the future and may be open more than 2 days a week.*

*We will have occasional community outreach events on weekends.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

### Can you:

Greet patients and ask for chief complaint

Yes

No

Work with computers and software

Yes

No

### Education Information:

High School: \_\_\_\_\_ Degree:  Yes  No Year graduated: \_\_\_\_\_

College: \_\_\_\_\_ 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			
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

**Do you have a CPR certification?**       Yes       No

Criminal background check must be obtained prior to volunteering.

**Date:** \_\_\_\_\_      **Signature:** \_\_\_\_\_