



Guadalupe Clinic

Volunteer Application

Date: _____

E-Mail: _____

Name: _____ DOB: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

Current Employer: _____

Your Position/Responsibilities: _____

License #: (if applicable) _____ Hours you work per week: _____

Emergency Contact: _____ Phone: _____

Please choose medical or non-medical volunteer & preferences:

Sissy Donovan's Helping Hands

Medical Professional

Clerical Data Entry

Interpreter

License/Certification: _____

Fundraising Projects

Speaker's Bureau

Newsletter

Handyman

Special Projects

Other, specify: _____

What hours/days are you available?

| | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|
| | <u> </u> AM | <u> </u> AM | <u> </u> AM | <u> </u> AM | <u> </u> AM |
| Mon | Tues | Wed | Thurs | Fri | |
| <u> </u> PM | <u> </u> PM | <u> </u> PM | <u> </u> PM | <u> </u> PM | |

How did you learn about Guadalupe Clinic? _____

Do You have any family/friends working or volunteering at Guadalupe Clinic? Yes No if so, who? _____

Briefly state why you would like to be a Guadalupe Clinic volunteer:

Are you able to commit to four hours per month? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been denied bond? Yes No

Have you ever been denied a license/certificate to practice? Yes No N/A

Education/Field of Studies: _____

Do you have any special skills that would benefit our clients/clinic? Please tell us about them:

Hobbies/Interests: _____

Please provide the names of two references other than family who have known you for at least five years:

| Name | Phone Number | Relationship |
|-------------|---------------------|---------------------|
| | | |
| | | |

Applicant Signature: _____ Date: _____