



GUADALUPE CLINIC, INC. VOLUNTEER APPLICATION

Name _____ Birthday(mo/day) _____

Address _____
(street) (city) (zip)

Home phone _____ Work phone _____

Current Employer _____

Your position/responsibilities _____

License # (if applicable) _____ Hours you are working _____

Marital status: Single Married Divorced Separated Widowed

Name of Spouse _____

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

In what areas would you like to volunteer?

- | | | | |
|--------------------------|------------------|------------------|------------|
| Health care professional | Interpreter | Clerical | Data Entry |
| Fundraising projects | Newsletter | Speaker's bureau | |
| Maintenance | Special projects | | |

What hours/days are you available?

Mon AM ___ PM ___

Tues AM ___ PM ___

Wed AM ___ PM ___

Thurs AM ___ PM ___

Fri AM ___ PM ___

How did you learn about Guadalupe Clinic? _____

Do you have any family members/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 make a one-year commitment? 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 to practice? yes no

Education/field of studies _____

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

Name	Address	Phone

Applicant's signature _____ Date _____