



# Guadalupe Clinic

## Non-Medical Volunteer Application

Date: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment:  Fulltime  Part time  Retired  Unemployed  Student

Preferred volunteer position at Guadalupe Clinic:  Clerical  Handyman  Special Projects  
 Data Entry  Interpreter  Other: \_\_\_\_\_

What date would you be available to start volunteering? \_\_\_\_\_

What days/hours are you available? Mondays Tuesdays Wednesdays Thursdays Fridays  
 9am-12pm  9am-12pm  9am-12pm  9am-12pm  9am-12pm  
 1pm-4pm  1pm-4pm  1pm-4pm  1pm-4pm  1pm-4pm

How did you learn about Guadalupe Clinic? \_\_\_\_\_

Have you ever visited Guadalupe Clinic? \_\_\_\_\_

Do You have any family/friends working or volunteering at Guadalupe Clinic?  Yes  No

If so, who? \_\_\_\_\_

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

Have you ever been convicted of a felony?  Yes  No

### FIELD OF STUDIES

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

\_\_\_\_\_

Please provide one reference, other than family, whom you have known for at least five years:

Reference 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Guadalupe Clinic will verify that all volunteer health providers have a current license to practice according to their respective discipline. A background check will be done through the Kansas Department of Investigation (KBI).

**As missionary disciples of Christ, and with other people of good will, Guadalupe Clinic works to provide access to quality healthcare for people in need.**

We thank you for your interest in Guadalupe Clinic.