

Volunteer Application



Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip _____

Phone #'s: Home _____ Work _____ Cell _____

Email(s) _____ Date of Birth ____/____/____

Driver's Lic # _____ OR Social Security # _____

I am: Employed Unemployed Retired Student

Occupation/Major _____

Employer/School _____

Contact in case of emergency _____ Relationship _____

Emergency contact phone numbers _____

Church Affiliation: _____

Previous volunteer experience? ___ Yes ___ No

Availability: _____ Days _____ Evenings _____ Weekdays _____ Weekends

REFERENCES:

1. Name of Contact Person: _____ Phone #: _____

2. Name of Contact Person: _____ Phone #: _____

(Please complete page 2)

AREAS OF INTEREST AND/OR SKILLS TO VOLUNTEER

MEDICAL: RN RN Educator LPN Med Tech Phlebotomist Physician
APN-PA-NP Dentist Dental Assistant Radiology
Diabetic Educator Licensed Physical Therapist Licensed Dietician
Pharmacist Pharmacy Tech Other_____

IF LICENSED, please provide number(s) _____

NON-MEDICAL:

Sign Language Spiritual Counselor Lic. Social Worker Email monitor
Greeter Phones Clerical Reception Desk Transportation Maintenance
Cleaning Crew Grant Writing Help prepare dinner for clinic volunteers Web Site
Bookkeeping Computer maintenance Community Outreach/Marketing Fundraising

Other:_____

Social worker (LSW/LPC) License Number_____

Are you bi-lingual? _____ If yes, what language(s) _____

As a volunteer for West Plains Christian Clinic, I agree to treat patient and staff records as highly confidential. For the safety of our clients, I also authorize West Plains Christian Clinic to run a background check at WPCC's expense. Please mail completed application to: West Plains Christian Clinic, PO Box 988, West Plains, MO 65775, ATTN: Volunteer

Signature _____ Date _____