

## Volunteer Application

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Phone #: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Congregation: \_\_\_\_\_

Current employer: \_\_\_\_\_ Job Position: \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Are you English-Spanish Bilingual?      Yes      No

Have you been convicted of a felony?      Yes      No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Volunteer Opportunities

**Medical Professional:**

Physician

Nurse Practitioner

Physician Assistant

Nurse

Medical Assistant

**Administration/Spiritual**

Patient Registration

English-Spanish Interpreter

Chaplain

Prayer Partner

Cashier

### Clinic Availability

**Grace Center**

Monday 4:15 – 6:00pm

**Goshen Center**

Tuesday 4:15 – 6:00pm

Thursday 4:15 – 6:00pm

Friday Morning 8:30 – 10:00am

**Medical Provider Information**

License #: \_\_\_\_\_

DEA #: \_\_\_\_\_

**Nursing Information:**

License #: \_\_\_\_\_

Are you willing to draw blood?      Yes      No