

Volunteer Application

Today's Date: _____

Name: _____ Birth Date: _____

Address: _____ City: _____

Zip Code: _____ Email address: _____

Phone #: H: _____ W: _____ Cell: _____

Congregation: _____

Current employer: _____ Current 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/Greeter
- English-Spanish Interpreter
- Chaplain/Spiritual Friend
- File Clerk
- Cashier

Clinic Availability

Goshen Center

(Please check all that apply)

- Tuesday 4:15 – 6:00pm
- Thursday 4:15 – 6:00pm
- Friday Morning 8:30 – 10:00am
- On-call for Tuesday, Thursday, Friday

Medical Provider Information:

License #: _____

DEA #: _____

Nursing Information:

License #: _____

Are you willing to draw blood? Yes No