

## 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
- Office work
- Assist with GRID

### Clinic Availability

#### Goshen Center

(Please check all that apply)

Tuesday 4:15 – 7:00pm

Thursday 4:15 – 7:00pm

Friday Morning 8:30 – 10:30am

On-call for  Tuesday,  Thursday,  Friday

#### Medical Provider Information:

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

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

#### Nursing Information:

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

Are you willing to draw blood?  Yes  No