



## Volunteer Application

Date: \_\_\_\_\_

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

Main Contact # \_\_\_\_\_ Alternate Contact # \_\_\_\_\_

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

\_\_\_\_\_

Email Address: \_\_\_\_\_

Birthday: \_\_\_\_\_

Reason for Becoming a Volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Background (type of job held, skills in working with people, computer skills, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicants Area of volunteer interest:

Medical Data Entry       Pharmacist       Pharmacy Front Office Work  
 Clinic Front Office Work       Nurse       Pharmacy Dispenser  
 Patient Advocate       Medical Provider       Pharmacy Technician

Volunteer is here year round \_\_\_\_\_ Volunteer is here only from \_\_\_\_\_ to \_\_\_\_\_

What days of the week would work best for you: Mon., Tues., Wed. Thurs. Friday

Morning 9-1 pm,  Afternoon 1-5 pm,  Evening 5-8 pm

**We ask a minimum commitment of one four hour shift per week, (you may work more if you so desire)**

**Background checks are performed for all volunteers.**

**For internal office use only:**

Attempts to reach: \_\_\_\_\_

Other: \_\_\_\_\_

Date Background check was completed: \_\_\_\_\_