



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:

- | | | |
|---|---|---|
| <input type="checkbox"/> Medical Provider | <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Clinic Front Office Work |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Eligibility Screener |
| | <input type="checkbox"/> Pharmacy Front Office Work | |

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

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

Background checks are performed for all volunteers.

For internal office use only:

Attempts to reach: _____

Other: _____

Date Background check was completed: _____