



# Volunteer Application Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

How/Where did you hear about our clinic? \_\_\_\_\_

Are you bi-lingual? \_\_\_\_\_ What language(s)? \_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_ Year graduated \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Degree \_\_\_\_\_

Postgraduate School: \_\_\_\_\_ Degree \_\_\_\_\_

Special training : \_\_\_\_\_

Are you retired?  Yes  No

## Employment or Volunteer History

Current Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Prior Employer: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

**SHIFT AVAILABILITY**

The Clinic will be open for **4 hour shifts only.** Please indicate all days you are available to be scheduled.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Desired Frequency:

- As needed (any time)
- One shift per week
- Two shifts per month
- One shift per month
- Other: \_\_\_\_\_

**Volunteer Activity Desired at VIM**

Computer Support	_____	Translator (Spanish)	_____
Front Desk/Reception	_____	Eligibility Screener	_____
Fundraising/Special Events	_____	Pharmacy Tech	_____
Mental Health/MSW	_____	Medical Assistant	_____
Phlebotomist	_____	Dental Assistant:	_____

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

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

