

## THE WAY VOLUNTEER APPLICATION

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone Home Telephone Cell Phone

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

Emergency Contact Telephone Number

Education \_\_\_\_\_ Birth Date \_\_\_\_\_

List any professional license, registration, or certificate you currently possess (include certificate/license number): \_\_\_\_\_

What area would you like to volunteer? Order your preferences 1, 2 or 3

Administration  Translator  Nurse  Data Entry  Physician  
 Maintenance  Fundraising/special events  Pharmacist  PA  
 ARNP  Hospital Advocate

Do you speak Spanish?  yes  no Any other languages? \_\_\_\_\_

How often do you want to volunteer?

What day of the week or which clinic would you like to volunteer at?

List your most recent employment experience:

EMPLOYER COMPLETE MAILING ADDRESS TELEPHONE

JOB TITLE DATES OF EMPLOYMENT

Specify the days and time frames you are available to volunteer: \_\_\_\_\_

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ If answer is yes, please explain (including types of offenses and dates):

How did you hear about this volunteer opportunity?

Would you be interested in being in a clinic auxiliary club? This club would help with special events/fund raising/patient advocacy/collecting items for the clinic.