

THE WAY VOLUNTEER APPLICATION

_____ **Date**

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.

Please mail the application to The Way Free Medical Clinic, 479 Houston St.,
Green Cove Springs, FL 32043