

FRIENDSHIP CLINIC

YOUR BRIDGE TO HEALTH

Volunteer Application

Name (Last, First, MI) Please Print Home Phone #

Street or Mailing Address Work Phone #

City, State, Zip Code Cell/Other Phone #

Email Address

Employer Occupation

Previous Work Experience Professional License (Please attach copy)

Volunteer Experience

Two References (Not Relatives)

Name Address Telephone #

Name Address Telephone #

Indicate the day(s) of the week you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Indicate the time of day you are available to volunteer:

Mornings Afternoons Evenings Any time

Indicate your areas of interest and/or expertise:

- Physician/NP/PA
- Receptionist/Clerical
- Interpreter
- Handyman/woman
- RN
- Social Work
- Fundraising
- Computer Tech Support
- Counselor
- Phlebotomy
- Janitorial
- Other (specify)