



# GUADALUPE CLINIC, INC. VOLUNTEER APPLICATION

Name \_\_\_\_\_ Birthday (mo/day) \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip)

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Current Employer \_\_\_\_\_

Your position/responsibilities \_\_\_\_\_

License # (if applicable) \_\_\_\_\_ Hours you are working \_\_\_\_\_

Marital status:  Single  Married  Divorced  Separated  Widowed

Name of Spouse \_\_\_\_\_

Do you have special skills that would benefit our clients/clinic? Tell us about them:

\_\_\_\_\_  
\_\_\_\_\_

In what areas would you like to volunteer?

- |                          |                  |                  |            |
|--------------------------|------------------|------------------|------------|
| Health care professional | Interpreter      | Clerical         | Data Entry |
| Fundraising projects     | Newsletter       | Speaker's bureau |            |
| Maintenance              | Special projects |                  |            |

What hours/days are you available?

Mon AM \_\_\_ PM \_\_\_

Tues AM \_\_\_ PM \_\_\_

Wed AM \_\_\_ PM \_\_\_

Thurs AM \_\_\_ PM \_\_\_

Fri AM \_\_\_ PM \_\_\_

How did you learn about Guadalupe Clinic? \_\_\_\_\_

Do you have any family members/friends working or volunteering at Guadalupe Clinic?

yes no If so, who? \_\_\_\_\_

Briefly state why you would like to be a Guadalupe Clinic Volunteer. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you able to make a one-year commitment?    yes            no

Have you ever been convicted of a felony?    yes    no

Have you ever been denied bond?    yes    no

Have you ever been denied a license to practice?    yes    no

Education/field of studies \_\_\_\_\_

Please provide the names of two references other than family members who have known you for at least five years.

Name	Address	Phone

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

