



**Application for Volunteer Services with Mtn. Hope Good Shepherd Clinic**

**Personal History:**

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Volunteer Experience:**

Name/Address of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Details of volunteer experience: \_\_\_\_\_

**Personal References:** (These cannot be relatives)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Interests and Skills**

How did you become interested in the Volunteer Program? (Circle)

Individual Contact   Radio Announcement   Newspaper   Recruitment effort   Brochure

Hobbies and skills: \_\_\_\_\_

So you speak or read another language other than English? \_\_\_\_\_ If so, what? \_\_\_\_\_

Can you use sign language? \_\_\_\_\_

Areas of Interest: (Circle all that apply)

Patient Care   Clerical   Pharmacy   Social Services   Mental Health   Maintenance

Fund-raising   Other: \_\_\_\_\_

Skills: (Circle all that apply)

Typing   Bookkeeping   Filing   Teaching   Data Entry   Other: \_\_\_\_\_

Please list computer knowledge (i.e. Microsoft Word, etc.) \_\_\_\_\_

**Availability:**

Days Available: (Please circle)

Monday   Tuesday   Wednesday   Thursday   Friday   Saturday

Hours Available: \_\_\_\_\_

***I authorize the use of any information in this application to enable the Clinic to verify my statements, and I authorize past employers, all references, and any other person to answer all questions asked by the Clinic concerning my ability, character, reputation, and previous experience. I release all such persons from any liability or damages on account of having furnished such information.***

***I agree to abide by all rules, policies and regulations of the Clinic.***

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_