

FREE MEDICAL CLINIC OF NORTHERN SHENANDOAH VALLEY, INC.

301 N Cameron Street
Winchester, Virginia 22601
(540) 536-1680 / Fax: (540) 662-5321

VOLUNTEER SERVICE APPLICATION



Name: _____

Address: _____

City/State/Zip: _____

Home Phone #: _____ Work Phone #: _____ Birthday: ____/____/____
Month/Day

Occupation: _____ Employer: _____

NURSING/PHARMACIST/PHYSICIAN LICENSE NUMBER: _____

Education and/or special training: _____

List volunteer work you have been engaged in or are currently doing: _____

List some responsibilities you had/have in these organizations: _____

Why are you interested in volunteering for the Free Medical Clinic? _____

Do you have any physical limitations or medical problems that might restrict your volunteer activities? Yes No

How often would you be able to work? Weekly Twice monthly Monthly Other _____

What hours would you be able to work? _____

If necessary, would you be able to work on short notice? No Yes – How much notice would you need? _____

ASSIGNMENT PREFERENCES:

- | | | | |
|--|---|--|-------------------------------------|
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Dental Assistant | <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Dentist |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Nurse | <input type="checkbox"/> Patient Education | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> Physician | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Screener |

Please list two people who would serve as references for you (non-relatives):

Name Phone #

Name Phone #

How did you learn about the Free Medical Clinic? Radio Television Newspaper Friend

Other Organization Board Member Other _____

CERTIFICATION: I certify that all entries on this application are true and I consent to references being contacted regarding this application.

Signature

Date

FOR USE OF FREE MEDICAL CLINIC ONLY

Notified of orientation: 1. _____ 2. _____ 3. _____

Attended orientation on: _____

Notified of training: 1. _____ 2. _____ 3. _____

Attended training on: _____

Attached:

Began volunteering: _____

Health Record

Became inactive: _____

Pledge of Confidentiality