



Date: \_\_\_\_\_

**ADULT VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Were you referred by someone? Yes No

If someone referred you, what is their name? \_\_\_\_\_

How did you hear about our program? (Check all that apply)

Newspaper     Friend     Speaking event/booth     Internet  
 Brochure     Church     Other \_\_\_\_\_

Are you currently employed? Yes No    May we contact you at work? Yes No  
Employer \_\_\_\_\_

Position \_\_\_\_\_ Phone \_\_\_\_\_

**Have you had volunteer experience?** Yes No

Previous volunteer experience \_\_\_\_\_

**Hobbies, Interests, Work Experience, Educational Background** \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_\_ If yes, please explain what, when, where and the disposition of the case \_\_\_\_\_

**In case of an emergency, who should we notify?**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Personal References:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please Indicate Time Available:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

**How often Available?** Once a Week   Twice a Week   Other \_\_\_\_\_

**Interests/Skills** (Please indicate with a check mark which you would be willing to share as a volunteer)

- \_\_\_ Patient Reception
- \_\_\_ Special Projects (as needed)
- \_\_\_ Mailings or Clerical                      Other \_\_\_\_\_

**Additional Skills/Interests** \_\_\_\_\_

\_\_\_\_\_

**Are there any work activities or conditions you must avoid?**

\_\_\_\_\_

*I agree to honor the policies and Mission of The Community Health Clinic. You have my permission to conduct a background check, and check all references.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Application to:**

Community Health Clinic  
PO Box 9  
Topeka, IN  
46571