



# Free Clinic Sussex County Free Clinic Newton

www.FreeClinicNewton.org



## Volunteer Application

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Your Age: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CONTACT INFORMATION

Home Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Work Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Cell Phone / Pager \_\_\_\_\_

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

### REFERENCES/REFERRAL:

Referred to the Clinic by \_\_\_\_\_

Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

### EMPLOYMENT INFORMATION and/or CURRENT SCHOOL

Employer or School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ FT \_\_\_\_\_ P/T \_\_\_\_\_

### BRIEFLY DESCRIBE ANY VOLUNTEER EXPERIENCE

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**SKILLS, TALENTS AND / OR RESOURCES YOU COULD PROVIDE THE FREE CLINIC THROUGH YOUR VOLUNTEER SERVICE?**

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**COMMUNITY GROUPS/CLUBS/CHURCHES TO WHICH I HOLD MEMBERSHIP:**

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**WHAT TYPE OF WORK ARE YOU INTERESTED IN HELPING WITH AT THE FREE CLINIC?**

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|--------------------|-----------------------|-------------------------|
| Newsletter { }     | Office/Reception { }  | Pharmacy Needs { }      |
| Fundraising { }    | Patient Screening { } | Physician Assistant { } |
| Special Events { } | Nursing Care { }      | Data Input (EMR) { }    |

**TIMES AVAILABLE TO VOLUNTEER**

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Noon							
Early Afternoon							
Evenings							

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***FOR OFFICE USE ONLY***

Application approved \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Date of Orientation \_\_\_\_\_ Attended Orientation \_\_\_\_\_ Yes \_\_\_\_\_ No

Assigned to: \_\_\_\_\_

Job Title \_\_\_\_\_ Received Job Description: \_\_\_\_\_

Start Date \_\_\_\_\_ Schedule: \_\_\_\_\_