



VOLUNTEER APPLICATION FORM

Date: _____

Name: _____ Date of birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-mail: _____

Emergency Contact (Name / Phone): _____

Are you La Clinicas patient? _____ Since when? _____

AVAILABILITY

How soon could you begin? _____

How long could you volunteer? * _____

***Individuals who can commit 6 months or longer are more likely to be considered**

Available Hours

Monday: (from) _____ (to) _____

Tuesday: (from) _____ (to) _____

Wednesday: (from) _____ (to) _____

Thursday: (from) _____ (to) _____

Friday: (from) _____ (to) _____

Saturday: (from) _____ (to) _____ *only for Health Fairs & Special events

Sunday: (from) _____ (to) _____ *only for Health Fairs & Special events

LCDP Working Hours: Monday to Friday **8:30 am to 5:30 pm.** La Clinica is closed during night time and weekends with the exception of Health Promotion Events and others.

EMPLOYMENT AND EDUCATION

Are you currently employed? _____

Employer name / Occupation: _____

What is the highest level of education you have received? _____

Please list any special training or certificates you have received: _____

VOLUNTEER EXPERIENCE

Please list prior volunteer experience: _____

LANGUAGES

Spanish Basic Intermediate Advanced Fluent Native Language
English Basic Intermediate Advanced Fluent Native Language

Other languages you speak: _____

INTERESTS AND SKILLS

Please mark the area(s) of your interest*

- General Medicine** **Mental Health** **HIV / AIDS**
- Social Services** **Administrative Work** **Information Technology**
- Health Fairs/Special Events** **Interpreter/Translation**
- Facilities (area of experience)** _____
- Other/Specify** _____

Please list any skills or training relevant to your interest(s): _____

Why do you want to be involved with La Clinica del Pueblo? _____

***Individuals with a specific interest or specialized skills are more likely to be considered**

REFERENCES

Name: _____ Relation: _____ Phone #: _____

I certify to the best of my knowledge that all the information provided here is correct. If I am accepted as a volunteer with La Clinica del Pueblo, I agree to comply with the policies of the programs and the organization.

Signature: _____

Date: _____