



HAIGHT ASHBURY FREE CLINICS, INC. VOLUNTEER APPLICATION

Haight Ashbury Free Clinics, Inc. ("HAFCI") considers applicants for all volunteer positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status. *Thank you for considering volunteering with HAFCI. The work performed by our volunteers is essential to achieving our mission of service to our community.*

Please print clearly

Volunteer Position(s) applying for		Program volunteering for	Date of Application	
Last Name	First Name	Middle Name	Nickname	
Address		City	State	Zip Code
Telephone Number				
Message/Cell Phone				
Email				

If position requires use of Agency vehicle or use of own vehicle on Agency business: Driver's License Number and State

Emergency Contact

Name	Address	Telephone Number
------	---------	------------------

Why would you like to volunteer with HAFCI? What do you hope to get out of this volunteer experience?

- How did you hear about us /who referred you to us? _____
- If you are under 18 years of age, can you provide required proof of your eligibility to volunteer? Yes No
- Have you ever filled out an application with us before? Yes No
Where? _____ When? _____
- Have you ever volunteered with or worked for HAFCI or its affiliates before? Yes No
Where? _____ When? _____
- On what date would you be available to volunteer? _____
- What days of the week and times of day are you able to volunteer? _____

- How long can you commit to volunteering? _____
- Can you travel if a job requires it? Yes No
- Have you been convicted of a felony within the last 7 years? Yes No

Conviction will not necessarily disqualify an applicant from volunteering. Applicants for Jail Psychiatric Service volunteer

positions requiring a jail clearance should know that a felony conviction will disqualify them.

If Yes, please explain _____

Have you ever been sued for medical malpractice? Yes No

If Yes, please explain _____

- If you are in recovery from alcohol and/or drug abuse, how long have you been abstinent?

Education List highest level only.

Type (grad, undergrad, high school, other)	Name and Address of School	Course of Study	Years Completed	Diploma / Degree / Cert. of Completion

Professional License(s) / Certificates Include # AND attach a copy .

(For Rock Medicine volunteers: If you have no medical license, you must be CPR certified)

Skills / Languages Describe any specialized training, apprenticeship, skills and extra-curricular activities which would assist you in the performance of the volunteer position you applied for, especially working with individuals who may be actively using substances, mentally ill, HIV+, homeless, with various sexual orientations. Please be as specific about computer skills, medical skills, etc., as possible. Include Please note any languages you can speak, read and/or write other than English and how fluent you are.

References Please list at least two professional references and their phone numbers.

Name	Business Relationship	Daytime Phone No.

Volunteer or Work Experience That Supports Your Volunteerism Please attach a copy of your resume.

Position	Name and Address of Employer	Duties	Dates	Reason for Leaving

Note to volunteer applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

Applicant's Statement:

I certify that the information in this application is correct to the best of my knowledge.

I acknowledge and agree that my volunteer position with the Haight Ashbury Free Clinics, Inc. ("HAFCI") is at the will of the program's Director. I understand that I am free to leave and HAFCI is free to end my status as a volunteer at any time for any reason either of us considers to be appropriate in our respective and sole discretion.

I authorize investigation of all matters contained in this application and everything I am submitting, including a resume, if any, and agree that any misleading, false statements or omissions would be cause for rejection of this application or for dismissal after I begin volunteering. I understand that if I were offered a volunteer opportunity, any such offer would be contingent upon satisfactory references. I voluntarily give HAFCI the right to make a thorough investigation of my past employment and personal references, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations supplying such information. I authorize HAFCI to contact state regulatory agencies regarding the status of any license I possess, my competency and performance, and other information relevant thereto.

I agree that, if my volunteer services are used by HAFCI, I may be requested to provide **proof of good health and TB clearance** at my own expense. If requested, I must furnish a **current Department of Motor Vehicles record and certificate of automobile insurance**, and provide an updated record annually or as requested.

I agree that if my volunteer services are accepted by HAFCI, I will abide by all policies, procedures, rules and regulations established by HAFCI.

As a volunteer, I understand that I will not receive any monetary remuneration for the services I provide.

Volunteer Applicant's Signature _____ Date _____

Filling in your name and date above constitute an electronic signature.

We ask for a one (1) year commitment, with the exception of interns.