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# Volunteer Application

***Please provide a copy of your professional licensure in addition to this application.***

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| Contact Information |
|  |
| Full First Name |  |
| Middle Initial  |  |
| Last Name |  |
| Permanent Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Professional Information |
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| Profession/Degrees Obtained |  |
| Institution Professional Education Received From |  |
| Place of Employment  |  |
| Years with Employer |  |
| Employer Street Address |  |
| City, State ZIP Code |  |
| Office Phone |  |

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| Special Skills or Qualifications  |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. |
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| Previous Volunteer Experience  |
| Summarize your previous volunteer experience. |
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| Available Dates of Travel  |
| Please note any possible dates of availability to volunteer with the RISE Clinic. |
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| Person to Notify in Case of Emergency |
|  |
| Name |  |
| Street Address |  |
| City, State ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

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| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. |
|  |
| Name (printed) |  |
| Date |  |

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| Our Policy |
| It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.Thank you for completing this application form. |