



Volunteer Application

Name: _____ Date: _____

DOB: _____

Mailing Address:

CONTACT INFORMATION

PHONE(preferred) _____ Best Time to Call: _____

PHONE(secondary) _____ Best Time To Call: _____

E-mail Address: _____

Emergency Contact: _____

VOLUNTEER INFO

Please circle the role you desire: RN Pharmacist Provider Staff

If Medical, what is your degree? _____

How often can you volunteer? _____

Skills, Talents And/Or Resources You Could Provide Hands of Hope With?

Community Groups/Clubs/Churches To Which You Hold Membership

REFERENCE INFORMATION

How did you hear about us? _____

Please list 3 local references

Reference 1:

Name _____

Phone: _____

Reference 2:

Name _____

Phone _____

Reference 3:

Name _____

Phone _____

IF STUDENT: School: _____

Teacher: _____

Program: _____

Phone: _____

If MINOR: Parents Name: _____

Contact Info: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been charged with a felony of any kind? NO YES
If yes, explain: _____
2. Have you ever been accused of a sexual offense of any kind? NO YES
If yes, explain: _____
3. Have you ever been terminated from a job for conduct purposes? NO YES
If yes, explain: _____

Agreement & 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 will result in immediate termination of volunteer service.

Name(printed): _____

Signature: _____

Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, national origin, gender, age, or disability.

***THANK YOU FOR COMPLETING THIS APPLICATION AND YOUR
INTEREST IN HANDS OF HOPE MEDICAL CLINIC!***

**Mailing Address:
Hands of Hope Medical Clinic
PO BOX 62
Yadkinville, NC, 27055**

FOR OFFICE USE ONLY

All Required Documents Received: _____

Application Approved: _____ Date: _____

By _____

Volunteer Title _____

Start Date: _____

COMMENTS: