

VOLUNTEER APPLICATION
Good Samaritan Health Clinic

Date: _____

Name: _____ **M F**

Address: _____

City: _____ **Zip code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

DOB: _____ **SSN:** _____

Marital status (circle one) Single Married Divorced Engaged

Education (circle one) High school? Some College? BA? MS?

In what field?

Current Employer:

Occupation and Position:

Have you ever held a volunteer position before?

Where and in what capacity?

Briefly explain why you would like to volunteer at the Clinic:

What area interests you? Registration, Phone and front desk?

Triage? Filing/ Paperwork? Pharmacy? Nursing?

What days are you available? M T W Th F

How often?

Times available?

Printed Name: _____

Signature: _____

Attention Medical Professionals: Please provide a copy of your license and/or certification.