



## Christ's Family Clinic Volunteer Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **Education:**

School: \_\_\_\_\_ Degree: \_\_\_\_\_

Nursing/Tech/Grad School: \_\_\_\_\_ Degree: \_\_\_\_\_

Medical School: \_\_\_\_\_ Degree: \_\_\_\_\_

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

(Please include a photocopy of your current license.)

Have you ever been convicted of a felony? Yes No

If yes, please explain: \_\_\_\_\_

### **Please List Personal References: (Individuals who can comment on your work experience.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What days/times are you available to work? \_\_\_\_\_

Are you bilingual? \_\_\_\_\_ Language: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_