



VOLUNTEER APPLICATION

DATE:

PERSONAL INFORMATION			
Last Name	First Name	M.I.	
Street Address			
City	State	ZIP	Age if under 18
Telephone//Mobile Number	E-mail address		
Person to Notify in Case of Emergency (Please include telephone #)			

EXPERIENCE
Have you ever worked in health care in a professional capacity? Yes No
Do you currently hold any professional licenses/registrations/credentials? Yes No
Work Experience:
Volunteer Experience:
Other Life Experience That Might be Helpful to You as a Volunteer:

What is your interest in volunteering? (personal accomplishment/achievement)

How did you hear about GBICS?

Tell us about your strengths and weaknesses.

Special skills you have that might be helpful in your volunteer work.

REFERENCES

Please provide the names, addresses, and telephone numbers of three individuals (non-relatives) who could provide personal references for you.

Name of Reference # 1	Address	Telephone Number
Name of Reference # 2	Address	Telephone Number
Name of Reference # 3	Address	Telephone Number

VOLUNTEER INTERESTS AND AVAILABILITY

We have numerous volunteer positions available. Please tell us what would be of most interest to you. Some positions will require training that will be provided. All positions require that you take part in our orientation program.

Clinic Volunteer Activity Desired (Check all applicable)

- Welcoming patients
- Assisting patients to complete paperwork
- Explaining benefit programs to patients
- Clerical activities such as filing and assembling charts
- Data entry
- Writing thank you notes
- Assisting with fundraising activities
- Medical services
- Nursing services
- Social work /counseling services
- Other

Food Project Activity Desired (Check all applicable)

- Truck unloading
- Stocking shelves
- Working at food distributions & clean-up
- Cooking demonstrations
- Teaching cooking classes
- Cleaning facility
- Working in garden
- Pick-up/ delivery of food (Do you have a truck? Y/ N)

Please indicate how often you would want to volunteer and when you would be available:

- One day/evening per week
- One day/evening per month
- Two days/evenings per month
- Three days/evenings per month
- As needed

What days are best for you?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

What times of the day are best for you?

- Mornings
- Afternoons
- Evenings

I DO ___ or DO NOT ___ give permission to use my photo for display on any social media.

Everything I have written is correct to the best of my knowledge. It is my understanding that GBICS will obtain personal references from the individuals I have listed above.

Signature: _____ **Date:** _____

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