



Please tell us about yourself. Also, please note that a **red star *** denotes a required field.

First name * _____ Last name * _____

Street address * _____ Suite or Apt. no. _____

City * _____ State * _____ Zip code * _____

Home phone * (_____) _____ Work or cell phone (_____) _____

e-mail address _____@_____

What medical volunteer position(s) are you interested in for which you are currently qualified? (If you do not work in the medical field, please go to next section.)

- | | | |
|--|---|--|
| <input type="checkbox"/> Behavioralist | <input type="checkbox"/> First Responder | <input type="checkbox"/> Nursing Student |
| <input type="checkbox"/> Certified Nurse's Assistant | <input type="checkbox"/> Imaging Facility Technician | <input type="checkbox"/> Optometrist/Ophthalmologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Infection Control Specialist | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Counselor/Social worker | <input type="checkbox"/> Licensed Vocational Nurse | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Marriage/Family Counselor | <input type="checkbox"/> Physician's Assistant |
| <input type="checkbox"/> Diagnostic Facility Tech. | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Drug/Alcohol Counselor | <input type="checkbox"/> Medical Laboratory Tech. | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Emergency Medical Tech. | <input type="checkbox"/> Medical Specialist (All) | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Family Nurse Practitioner | <input type="checkbox"/> Midwife | |

Please include your current California professional license number(s) and/or certificate(s) if applying for a medical volunteer position.*

What non-medical volunteer position(s) are you interested in? Feel free to check more than one box!

- | | | |
|---|--|---|
| <input type="checkbox"/> Child care | <input type="checkbox"/> Greeter | <input type="checkbox"/> Runners |
| <input type="checkbox"/> Clean-up crew | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Set-up crew |
| <input type="checkbox"/> Cookie bakers | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Shoppers |
| <input type="checkbox"/> Donation coordinator | <input type="checkbox"/> Operations office staff | <input type="checkbox"/> Translators |
| <input type="checkbox"/> Food service | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Waiting room attendant |

The Clinic's business hours are Sunday from 1-5 PM. Please check the day(s) you are free to volunteer.

- | | |
|--|---|
| <input type="checkbox"/> First Sunday of the month | <input type="checkbox"/> Second Sunday of the month |
| <input type="checkbox"/> Third Sunday of the month | <input type="checkbox"/> Fourth Sunday of the month |
| <input type="checkbox"/> Fifth Sunday of the month | |

If you checked more than one day, please indicate your preference. _____

If you are able to volunteer in some manner not listed above, or some other time slot, please explain.

Please list any languages you speak other than English.

Please list the names of two references and their phone numbers.*

1st reference name * _____ 1st reference phone number * (_____) _____

2nd reference name * _____ 2nd reference phone number * (_____) _____