

APPLICATION FOR GOOD SAMARITAN CLINIC VOLUNTEERS

Today's Date: _____

Name: _____

Home Address _____ City: _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Mobile _____

Occupation: _____ Employer: _____

Employer Address: _____ Phone: _____

How did you hear about the Good Samaritan Clinic? _____

Best Time to Call: _____

Times Preferred (circle preference): Monday A.M. P.M. Tuesday A.M. P.M. Wednesday A.M. P.M.
Thursday A.M. P.M. Friday A.M. P.M. Saturday A.M. only

Professional and Technical Applicants Only

License # _____ Registry # _____ Certificate # _____ State _____ Expiration Date _____

Have your credentials ever been suspended? Yes _____ No _____ If yes, explain _____

Professional Membership and Activities _____

Computer Knowledge _____ Other training or skills _____

Have you ever been convicted of a felony or other offense? Yes _____ No _____ If yes, please explain, including date and place _____

Non-Medical Volunteer Applicants

Addressing cards/envelopes _____

Special Events _____

Office Support _____

Patient Reminder Caller _____

Patient Charts _____

Data Entry _____

Courier _____

Security/Janitorial _____

Calligraphy _____

Computer Literate _____

Building Maintenance _____

Medication Assistance _____

Bilingual Translation _____

"On Call" (as needs arise) _____

Donor Recognition _____

We want to put you in a volunteer position that you enjoy, find fun,
exciting, and worthy of your valuable time.

*If there is something we have not listed that you would like to do, please use the
space below to help us find the best volunteer opportunity for you.*

Office Use Only Start Date: _____ HIPAA Training Date: _____ Vol. Position _____