

# Western Tidewater Free Clinic

## Volunteer Application

### Personal Information:

Full Name \_\_\_\_\_  
(last) (first) (middle initial)

Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(name) (relationship) (phone)

### Personal References:

1.) Full Name \_\_\_\_\_  
(last) (first)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_ How long have they known you? \_\_\_\_\_

2.) Full Name \_\_\_\_\_  
(last) (first)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Relationship to you \_\_\_\_\_ How long have they known you? \_\_\_\_\_

### Volunteer Information:

1. For which job are you applying? (Please **circle all** that apply)

Receptionist Eligibility Clerk Medical Records Clerk Greeter other

2. Have you previously volunteered at Western Tidewater Free Clinic? \_\_\_ Yes \_\_\_ No

If yes, dates: from \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_  
mo. yr. mo. yr.

3. Are you volunteering to complete a requirement? (Please **circle one**) Yes No (If no, skip to # 4)

If yes, which organization referred you? \_\_\_\_\_

Referral's name: \_\_\_\_\_ Phone number: \_\_\_\_\_

4. How many times a month would you like to volunteer? (Please **circle one**)

Once 2-3 4-5 6-7 8-9 More than 10

5. Which days of the week do **you prefer** to volunteer? (Please **circle all** that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

6. Please let us know the days **you will not be available** to volunteer. (Please **circle all** that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

7. Please select the time(s) you wish to volunteer (Please **circle all** that apply)

Mornings Afternoons Evenings On call as needed

