

# 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      Data Entry      Janitorial/Lawn Care
2. Have you previously volunteered at Western Tidewater Free Clinic? \_\_\_ Yes \_\_\_ No If yes, when \_\_\_\_\_
3. Are you volunteering to complete a requirement? (Please circle one) Yes No  
If yes, what organization referred you? \_\_\_\_\_
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

Please return the completed application to:

**Western Tidewater Free Clinic**  
**3000 Godwin Blvd.**  
**Suffolk, VA 23434**

\*\* We will be in touch with you about orientation. For the safety of our patients, we will appreciate your bringing in a criminal history check available at your local police department.