



THE FRIENDSHIP CLINIC
Your Bridge to Health

**The Friendship Clinic
Volunteer Application**

Name (Last, First, MI) Please Print Home Phone #

Street or Mailing Address Work Phone #

City, State, Zip Code Cell/Other Phone #

Email Address

Employer Occupation

Previous Work Experience Professional License (Please attach copy)

Volunteer Experience

Two References (Not Relatives)

Name Address Telephone #

Name Address Telephone #

Indicate the day(s) of the week you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Indicate the time of day you are available to volunteer:

Mornings Afternoons Evenings Any time

Indicate your areas of interest and/or expertise:

- | | | |
|--|--|--|
| <input type="checkbox"/> Physician/NP/PA | <input type="checkbox"/> RN | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Receptionist/Clerical | <input type="checkbox"/> Social Work | <input type="checkbox"/> Phlebotomy |
| <input type="checkbox"/> Interpreter | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Handyman/woman | <input type="checkbox"/> Computer Tech Support | <input type="checkbox"/> Other (specify) |