AmeriCares Free Clinics, Inc.

88 Hamilton Avenue, Stamford, CT 06902
Phone: (203) 658-9500 ~ Fax: (203) 658-9612

Administrative Volunteer Application

Name: _____

Mailing address:_____
Street Address *Apt..*

_____
Town/City *State* *Zip Code*

Phone (H): _____ Phone (W): _____

Email: _____ Fax: _____

Emergency contact:_____

Contact's Phone (H): _____ Phone (W): _____

Occupation _____ Years of experience _____

Please describe your past work experience (*and/or attach resume)*:

Company/Institution Dates Job Title

_____

_____

Other languages spoken: _____ Describe any special office skills or experience that you would like us to know about:

_____

Area of interest: Screener Interpreter Office Help Event Volunteer Other
Preferred site: Danbury Norwalk Bridgeport Stamford
Availability: Please check all the days and times that you are available.

	Mon	Tues	Wed	Thurs	Fri	Sat
A.M.	____	____	____	____	____	____
Afternoon	____	____	____	____	____	____
Early evenings	____	____	____	____	____	

How did you hear about the AmeriCares Free Clinics? _____

Please list the name and number of a professional and personal reference.
Name: _____Tel:_____ Years Known _____

Name: _____Tel:_____ Years Known _____

Confidentiality Statement: I understand that in my capacity as a volunteer with the AmeriCares Free Clinics I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to divulge it during my volunteer service or after my volunteer service has ended.
I consent to the use of my photograph for any media as it pertains to the AmeriCares Free Clinic program.

Signed: _____ Date: _____

Please return completed application to the above address or fax number. Rev. 4/23/07