



AmeriCares Free Clinics, Inc  
 88 Hamilton Ave, Stamford, CT  
 Tel: (203) 658 – 9500 Fax: (203) 658 9612

**ADMIN APPLICATION**

Preferred site(s): Danbury Norwalk Bridgeport Stamford  
 Volunteer Interest(s): Screener Interpreter Office Help Other \_\_\_\_\_

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home ☎: \_\_\_\_\_ Work ☎: \_\_\_\_\_ Cell ☎: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

Preferred contact(s): Home ☎ Work ☎ Cell ☎ Email (month/day)

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home ☎: \_\_\_\_\_ Work ☎: \_\_\_\_\_ Cell ☎: \_\_\_\_\_

How did you hear about volunteering at AmeriCares Free Clinics? \_\_\_\_\_

What draws you to volunteer with AFC? \_\_\_\_\_

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

<u>Institution</u>	<u>Dates</u>	<u>Job Responsibilities</u>

What languages do you speak proficiently besides English? \_\_\_\_\_

What skills and talents can you contribute to AFC's efforts? (e.g. computer skills) \_\_\_\_\_

Please check all the days and times that you are available. <u>M</u> <u>T</u> <u>W</u> <u>TH</u> <u>F</u> <u>S</u> AM PM EVE (4p – 7p)	Although there is no requirement, how often do you think you would like to volunteer? Once a week      Once a month. Twice monthly    Other _____
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Please list the name and number of a **professional** and **personal** reference.

Name: \_\_\_\_\_ Workplace: \_\_\_\_\_ Title: \_\_\_\_\_

Primary ☎: \_\_\_\_\_ Other ☎: \_\_\_\_\_ Years known: \_\_\_\_\_

Name: \_\_\_\_\_ Primary ☎: \_\_\_\_\_ Years known: \_\_\_\_\_

Confidentiality Statement: I understand that in my capacity as a volunteer with AmeriCares Free Clinics, I may come in contact with confidential information. I agree to protect this information to the best of my ability and not to divulge it during my volunteer experience or after my 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: \_\_\_\_\_