



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

VOLUNTEER APPLICATION

Preferred site(s): Danbury Norwalk Bridgeport
Volunteer Interest: RN LPN Medical Assistant 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

License No. Expiration Date: Yrs. of Experience:

Areas of Special professional expertise/interest:

Have you ever been named as a defendant in a malpractice case? Yes No If yes please explain on reverse side.

How did you hear about volunteering at AmeriCares Free Clinics?

What draws you to volunteer with AFC?

Education and Degree:

Please describe your pertinent occupational and volunteer experience (and/or attach resume)

Table with 3 columns: Institution, Dates, Job Responsibilities

What languages do you speak proficiently besides English?

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

Availability grid with days (M-S) and times (AM, PM, EVE) and a question about frequency of volunteering.

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: Rev. 10.7..08