



AmeriCares Free Clinics, Inc.

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www.AmeriCaresFreeClinics.org

VOLUNTEER APPLICATION

Interpreter ♦ Screener

Preferred clinic site(s): Danbury (Spanish or Portuguese fluency required)

Norwalk (Spanish fluency required)

Bridgeport (Spanish fluency preferred)

Volunteer Interest: Interpreter

Screener (Please refer to job descriptions on website.)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____ Date of Birth: _____

Emergency contact: _____ Relationship: _____

Home Phone: _____ Cell: _____ Work: _____

Education/Degree/Year: _____

Area(s) of special professional expertise/interest: _____

Other language: Spanish Portuguese

Language proficiency: native speaker fluent conversational

Most Recent Professional Employment and/or Volunteer History (or attach resume)

Date started	Date Ended	Employer	Responsibilities

Availability: Please check all the days and times that you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM					closed	
PM					closed	closed
Eve 4-7pm					closed	closed

Commitment: How often would you like to volunteer?

1 time per week 2 times per month 1 time per month other _____

How did you hear about volunteering at AmeriCares Free Clinics (AFC)?

- Current volunteer staff AFC website other website _____
 Newspaper/magazine TV/radio other _____

Why do you want to volunteer and what do you hope to gain from volunteering at the AFC?

Do you have any special skills or talents to contribute to AFC's efforts? (E.g. computer skills)

Have you ever been named as a defendant in a malpractice case?

- Yes No If yes, please explain on separate sheet.

REFERENCES

Please provide *both* a professional and personal reference. Please Note: The professional reference must address your clinical skills and clinical experience.

Professional Reference

Name: _____ Workplace: _____ Title: _____

Phone: _____ Email: _____ Years known: _____

Personal Reference

Name: _____ Relationship: _____

Phone: _____ Email: _____ Years known: _____

I hereby affirm that the information provided in this application is true and completed to the best of my knowledge. I understand that providing false or misleading information may disqualify me from further consideration as a volunteer and may result in termination if discovered at a later date.

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 Clinics or AmeriCares.

Signed: _____ Date: _____