



Volunteer Application

Name: _____
(Last) (First) (Middle I.)

Address: _____
(City/State) (Zip)

Mailing Address (if different than above): _____

County of Residence: _____ Date of Birth: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ - _____ - _____ Sex (please circle): **M** **F**

E-Mail Address: _____

I heard about Unfailing Love Clinic by: _____

Do you attend Church? **Y** **N** Name of Church: _____

Please circle and fill-in your responses as indicated below:

Employment Status: **Full-Time** **Part-Time** **Unemployed** **Retired**

Employer: _____ Yrs at Employer: _____

Occupation: _____

Are you a High School or College Student? **Y** **N**

School: _____ Grade: _____ Major: _____

Please list area of interest for volunteering:

Medical _____ Ministry _____ Office _____

Mowing/Snow Removal _____ Other (specify): _____

If medical, please list degree, name of college, and license number if applicable:

Degree: _____ College: _____

Graduation Date: _____ License #: _____ DEA #: _____

How often would you like to volunteer?

____ Once a week ____ Every two weeks ____ Once a month

Do you speak another language besides English? **Y** **N**

If yes, please specify: _____

References (please list 2 individuals who are not relatives):

1. Name: _____ Phone #: _____

Relation: _____

2. Name: _____ Phone #: _____

Relation: _____

Are you currently a client in our clinic? **Y** **N**

Emergency Contact: _____

Phone Number: _____

Please explain why you want to volunteer at Unfailing Love Clinic.

I testify that all information documented above is true. I understand that failure to provide truthful information may result in declination or discontinuation of my volunteer services at Unfailing Love Clinic.

Signature: _____

Date: _____