

Non-License Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Board Member
 Outreach Events
 Front office/clerical
 Fundraising
 Donation Deliveries
 Marketing
 Newsletter production
 Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with the Light of the World Clinic. Together, we can provide quality healthcare for the uninsured low-income residents of Broward County. **Note:** PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE WITH THIS APPLICATION AND MAIL IT TO: Volunteer Coordinator/Light of the World Clinic 5333 N. Dixie Hwy #201, Oakland Park, FL 33334 (954)563-9876