



Non-License Volunteer Application

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

E-Mail Address: _____

How did you hear about us: Another Volunteer Internet Other: _____

AVAILABILITY

When are you available?

Tuesday _____:_____ am/pm to _____:_____ am/pm

Wednesday _____:_____ am/pm to _____:_____ am/pm

Thursday _____:_____ am/pm to _____:_____ am/pm

Friday _____:_____ am/pm to _____:_____ am/pm

Saturday _____:_____ am/pm to _____:_____ am/pm

Will you be receiving academic or internship credit? Yes No

If yes, please indicate the program/school and total of hours needed.

Will you be receiving credit for a certification? Yes No

If yes, please indicate the program/school and total of hours needed.

SKILLS AND INTERESTS (Additional responsibilities as needed)

What type of volunteer work are you interested in? Please check all that apply.

- Clerical
 - Answer phones
 - Filing
 - Data Entry
- Outreach Events
- Patient Care Services
 - Vitals
 - Translation
 - Scribing

Medical Assistant Responsibilities

List any of your special skills/training?

PC Skills

Microsoft Office

Medical Software _____

Customer Service

Office Equipment

Data Entry/Clerical Skills

Do you speak other languages? If yes please indicate language and proficiency.

Language: _____

Able to translate: Yes No

Language: _____

Able to translate: Yes No

EXPERIENCE

Do you have any previous volunteer experience? Yes No

If yes, please explain when, where and duties performed:

EMERGENCY CONTACT

Last Name: _____ First Name: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

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.

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 AND CV/RESUME** WITH THIS APPLICATION AND MAIL IT TO: Volunteer Coordinator c/o /Light of the World Clinic 5333 N Dixie Hwy #201 Oakland Park, FL 33334.