

# ROANOKE VALLEY MEDICAL MINISTRIES CLINIC

## VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK)

Currently employed at: \_\_\_\_\_

How long: \_\_\_\_\_

Description of job responsibilities \_\_\_\_\_

Please Check All Job Skills That May Be Valuable In Your Work At RVMMC:

<input type="checkbox"/> Typing	<input type="checkbox"/> Computer (Microsoft)	<input type="checkbox"/> Computer (General)
<input type="checkbox"/> Copier/Phone/Fax		<input type="checkbox"/> Public Relations
<input type="checkbox"/> Interview Skills		<input type="checkbox"/> Filing
<input type="checkbox"/> Lab/Venipuncture		<input type="checkbox"/> Dental Hygienist
<input type="checkbox"/> Pharmacy Technician		<input type="checkbox"/> Pharmacist

I Would Be Available To Work In The Clinic:

Monthly  Every 4-6 Weeks  Every 2 Months

I Would Be Available More Frequently \_\_\_\_\_

I Could Be Called As A Last Minute Fill In \_\_\_\_\_

Please Give One Name And Phone Number To Contact In Case Of Emergency:

PLEASE LIST 2 NAMES AND ADDRESS FOR PROFESSIONAL REFERENCES:

\*all information will be kept confidential \*\* references cannot be close family relations

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Relationship To Volunteer \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Relationship To Volunteer \_\_\_\_\_

Q: How Did You Hear About RVMMC? \_\_\_\_\_

Q: What Do You Hope To Accomplish By Volunteering Here? \_\_\_\_\_

Q: Have You Ever Volunteered For Another Non-Profit Organization?

If So, Where \_\_\_\_\_

Volunteer Signature \_\_\_\_\_