



SLO Noor Foundation Free Clinic

Application for Volunteer Service
(Positions that do not require a professional license or certification)

POSITION(S) FOR WHICH YOU ARE APPLYING _____

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (home) _____ (cell) _____ (work) _____

SOCIAL SECURITY # _____ E-MAIL _____

ARE YOU 18 YEARS OF AGE OR OLDER? _____ IN GOOD HEALTH? _____ CURRENTLY A STUDENT? _____

OCCUPATION _____ # OF YRS IN CURRENT POSITION _____

YOUR SKILLS THAT MIGHT BE HELPFUL TO THE CLINIC (e.g computer skills, carpentry, marketing, finance, etc) _____

PREVIOUS VOLUNTEER EXPERIENCE _____

DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER YOUR TIME _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE _____

REFERENCES (PLEASE NO FAMILY MEMBERS)

1. NAME _____ RELATIONSHIP _____ PHONE _____

2. NAME _____ RELATIONSHIP _____ PHONE _____

By signing below, I assert that the information I have provided above is accurate to the best of my knowledge. Also, I agree that if am accepted as a volunteer worker for the Noor Foundation Free Clinic that I will abide by their policies and procedures, attend an orientation session prior to my first day worked, submit verification of recent health examination conducted by a physician, and agree to have an annual TB test.

SIGNATURE _____ PRINTED NAME _____

DATE _____ APPLICATION ACCEPTED BY _____

OFFICE USE ONLY

INTERVIEWED BY _____ DATE _____

NAME OF POSITION ACCEPTED _____ SCHEDULE (DAYS/TIMES) _____

ORIENTATION COMPLETED DATE _____

SIGNED HEALTH EXAM REPORT RECEIVED

TB TEST RESULTS RECEIVED