



## 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