

Hannibal Free Clinic

Quality Healthcare-Caring Volunteers

PO Box 175
Hannibal, MO 63401

Volunteer Application

Last Name _____ First Name _____ MI _____

Street Address _____

City, State and Zip _____

Birth Date _____ Phone _____ Alternative Phone _____

Emergency Contact Name and Number _____

Availability

Please check your preference shift (shift = 4 hours)

___ Mornings 8-12 ___ Afternoons ___ Special Events

___ Every Week ___ Every other Week ___ Once a Month ___ Every other Month

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

___ Other Explain _____

Date available to start _____ Comments _____

Volunteer Experience

Company/Agency	Date	Description of Duties
----------------	------	-----------------------

Please complete reverse side of form

Related Work Experience

Company/Agency Job Title Dates Description of Duties

Education

School Name City, State Degree/Diploma Graduation Date

Are you bilingual? _____ If yes, what language? _____

Please list any other skills, licenses, certifications, training, awards, etc. _____

Medical Services

___ Diabetic Educator ___ Other clinical: _____
___ Nutritionist
___ Nursing

Other Services

___ Community Outreach ___ Special Events
___ Date Entry ___ Transportation
___ Newsletter/Marketing ___ Volunteer Education
___ Office Projects ___ Other Non-clinical _____
___ Receptionist & Patient Greeter _____

Is there anything else you would like to say or additional information that you would like to add.

REFERENCES:

- 1) Name of Contact Person: _____
Telephone number: _____

- 2) Name of Contact Person: _____
Telephone number: _____