



## APPLICATION FOR GOOD SAMARITAN CLINIC VOLUNTEERS

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about the Good Samaritan Clinic? \_\_\_\_\_

Best Time to Call: \_\_\_\_\_ Email: \_\_\_\_\_

**Times Preferred** (circle preference): Monday A.M. P.M. Tuesday A.M. P.M. Wednesday A.M. P.M.  
Thursday A.M. P.M. Friday A.M. P.M. Saturday A.M. only

### Professional and Technical Applicants Only

License # \_\_\_\_\_ Registry # \_\_\_\_\_ Certificate # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have your credentials ever been suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Professional Membership and Activities \_\_\_\_\_

Computer Knowledge \_\_\_\_\_ Other training or skills \_\_\_\_\_

Have you ever been convicted of a felony or other offense? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please  
explain, including date and place \_\_\_\_\_

### Non-Medical Volunteer Applicants

Addressing cards/envelopes \_\_\_\_\_  
Special Events \_\_\_\_\_  
Office Support \_\_\_\_\_  
Patient Reminder Caller \_\_\_\_\_  
Patient Charts \_\_\_\_\_  
Data Entry \_\_\_\_\_  
Courier \_\_\_\_\_  
Security/Janitorial \_\_\_\_\_

Calligraphy \_\_\_\_\_  
Computer Literate \_\_\_\_\_  
Building Maintenance \_\_\_\_\_  
Medication Assistance \_\_\_\_\_  
Bilingual Translation \_\_\_\_\_  
"On Call" (as needs arise) \_\_\_\_\_  
Donor Recognition \_\_\_\_\_

We want to put you in a volunteer position that you enjoy, find fun,  
Exciting, and worthy of your valuable time.

***If there is something we have not listed that you would like to do, please use the  
space below to help us find the best volunteer opportunity for you.***

\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only** Start Date: \_\_\_\_\_ HIPAA Training Date: \_\_\_\_\_ Vol. Position \_\_\_\_\_