

Date: _____



Volunteer Application Form

Name: _____ (First) (MI) (Last) DOB: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Home Phone: _____ E-mail: _____

Applicants Occupation: _____

Education/Special Training: _____

Certificate/License(s): _____

Other Skills/Training: _____

Check any language(s) that you speak fluently:

- Cantonese Vietnamese
- Mandarin Spanish
- Other: _____

Check any language(s) that you read/write fluently:

- Cantonese Vietnamese
- Mandarin Spanish
- Other: _____

List Day(s) and Time(s) you can volunteer regularly each week:

--- Clinic Hours: Mon, Wedn., Fri: 9 – 5 pm / Tues & Thurs: 9 – 8 pm ---

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time					

Note: Saturday/Sunday the clinic is closed but availability may exist to help during special events

Comments: _____

What activities are you interested in at HOPE Clinic? _____

How did you hear about HOPE Clinic? _____

Are you volunteering to meet certain requirements? (Ex. School, Community Service, etc.) If yes, please explain:

Have you previously volunteered for HOPE Clinic? If so, when? _____

How would HOPE Clinic benefit from you volunteering here? _____

Do you have any physical or mental limitations? Are you under any medical treatment, which might limit your ability to perform any certain types of duties? If yes, please specify:

In case of any emergency, please notify: _____

Relationship: _____ Daytime Phone: _____ Home Phone: _____

Equal Opportunity Employer

It is the policy of the AAHC dba HOPE Clinic to practice and ensure fair and equitable employment opportunities to all individuals, regardless of race, color, religion, sex, national origin, disability, veteran status, or age.

Thank You for Your Interest in Volunteering with the AAHC dba HOPE Clinic.