

BONNER PARTNERS IN CARE CLINIC, INC.

APPLICATION FOR VOLUNTEER POSITION

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP _____

PHONE: _____ HOME - _____ WORK - _____ CELL _____

FAX: _____ E-MAIL: _____

Describe you interest in volunteering for Bonner Partners in Care Clinic: _____

What qualifications do you feel will be of benefit to BPICC: _____

In what capacity would you like to volunteer at BPICC?

____ Professional (Dr. RN, CNA, etc): _____

____ Clinic clerical/screener: _____

____ No- clinic clerical/administration: _____

____ Fundraising: _____

____ Board of Directors: _____

____ Community Education: _____

____ Health issues Education: _____

____ Other: _____

List potential **CONFLICTS OF INTEREST** that Bonner Partners in Care Clinic needs to be aware of:

Clinic is held each Tuesday evening, doors open at 5:30 pm and medical services start at 6:00 pm. We try to complete medical services by 8:00 pm and all be gone before 9:00 pm. If you are volunteering for clinic can you be available during these times: _____

How many hours and/or on what days/times would you be available to volunteer: _____

Signature

Date

Dear Applicant:

Your completion of this application does not guarantee a volunteer position at Bonner Partners in Care Clinic. Your application will be reviewed and you will be notified of the results.

Please feel free to attach a resume or any additional information that you wish that addresses interest in BPICC.

Our volunteers are such a valuable asset, we are most grateful for your interest and concern for those that are served by this clinic.

Please don't hesitate to ask any member of the Bonner Partners in Care Clinic any questions that you may have.

Thank you for your application.

ACTION TAKEN:

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1. Application Received: _____
 2. Application Reviewed: _____ by _____
 3. Accepted: _____ yes _____ no
 4. Assignment: _____
 5. Days/hours: _____
 6. Background check: _____ yes _____ no
 7. Orientation scheduled: _____
 8. Orientation completed: _____
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