



80 East Hillcrest Drive, Suite 102
Thousand Oaks, CA 91360

Phone: (805) 497-3575
Fax: (805) 497-4099
website: www.conejofreeclinic.org

Volunteer Application Form

Last Name:		First Name		MI:
Address:				
City:		State:		ZIP:
Home Phone:			E-Mail:	
Work Phone:			Cell:	
If necessary, may we contact you at work: <input type="checkbox"/> Yes <input type="checkbox"/> No				
Occupation:				
Employer:				
Employer Address:				
City:		State:		ZIP:
<i>How did you learn about volunteer opportunities at the Conejo Free Clinic?</i>				
<input type="checkbox"/> Friend		<input type="checkbox"/> TV/Radio		<input type="checkbox"/> Community Group:
<input type="checkbox"/> Newspaper		<input type="checkbox"/> Internet		<input type="checkbox"/> Other (specify):
<i>What can you help us with?</i>				
Professional and Medical Volunteers (check all qualifications)			Support Volunteers (check all experience)	
<input type="checkbox"/> MD or DO			<input type="checkbox"/> Receptionist	
<input type="checkbox"/> Physician's Assistant			<input type="checkbox"/> Medical Records	
<input type="checkbox"/> Pharmacist			<input type="checkbox"/> Mailings	
<input type="checkbox"/> Nurse			<input type="checkbox"/> Bookkeeping/Accounting	
<input type="checkbox"/> Nurse Practitioner			<input type="checkbox"/> Computer Work	
<input type="checkbox"/> LPN/LVN			<input type="checkbox"/> Other Administrative (specify):	
<input type="checkbox"/> Technician (<input type="checkbox"/> laboratory, <input type="checkbox"/> x-ray)			<input type="checkbox"/> Grant Writing	
<input type="checkbox"/> Lawyer (area of practice:)			<input type="checkbox"/> Sales/Marketing	
<input type="checkbox"/> Paralegal			<input type="checkbox"/> Fund Raising	
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Patient Advocate	
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Translator	
<input type="checkbox"/> Other (specify):			<input type="checkbox"/> Other (specify):	
<i>Your availability for regularly scheduled clinics:</i>				

I am interested in working _____ hours per:	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Special Events Only
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Regularly Scheduled Clinics (times are approximate):

Weekly Legal Clinic (Tuesday evening, 6-9 pm)

Morning Clinics (M-F, 9-12 noon)

Afternoon Clinics (M-F, 1-5 pm)

Evening Clinics (M-F, 6-9 pm)

General availability by day of week and time:

Day of the Week	Time of Day	Work From Home Tasks
Mondays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings # hours: ____	# hours: ____
Tuesdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings # hours: ____	# hours: ____
Wednesdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings # hours: ____	# hours: ____
Thursdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings # hours: ____	# hours: ____
Fridays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings # hours: ____	# hours: ____

Emergency Contact Information:

Last Name:	First Name	MI:
Address:		
City:	State:	ZIP:
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (specify): _____		
Home Phone:	E-Mail:	
Work Phone:	Cell:	
Language proficiency other than English: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language 1:	Language 2:	Language 3:

Education (check highest level completed)

<input type="checkbox"/> High School	<input type="checkbox"/> College Graduate		
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Graduate		
<i>Professional Licenses and Certifications</i>			
Type	Number	State	Exp. Date
<i>Areas of Expertise:</i>			
<i>Personal References</i>			
Name:		Address:	
		City:	State: ZIP:
Phone Number:		E-Mail Address:	
Name:		Address:	
		City:	State: ZIP:
Phone Number:		E-Mail Address:	

I certify that the information contained in this application is true and complete to the best of my knowledge. I acknowledge that any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal from or refusal of volunteer services.

Applicant's Signature _____
Date

Application Reviewed for the Conejo Free Clinic by:

Reviewer's Signature _____
Date

Please return completed Volunteer Application Form to the Conejo Free Clinic at 80 E Hillcrest Dr, Thousand Oaks, CA 91360.