



**GLOUCESTER-MATHEWS CARE CLINIC**  
Mailing Address – P.O. Box 684, Gloucester, VA 23061  
Physical Address – 6031 Industrial Drive, Gloucester, VA 23061  
Director of Volunteer Resources – Jayme Sweten @ 804-210-1368, option 5

## Volunteer Application

Date \_\_\_\_\_

Name (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

### CONTACT INFORMATION:

Home Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Work Phone \_\_\_\_\_ Best Time to Call \_\_\_\_\_

Cell Phone / Pager \_\_\_\_\_

E-mail Address \_\_\_\_\_

### REFERENCES/REFERRAL:

Referred to the Clinic by \_\_\_\_\_

Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

Reference \_\_\_\_\_ Phone Number \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation \_\_\_\_\_ FT \_\_\_\_\_ P/T \_\_\_\_\_

**Do you have a concealed weapons permit ? YES / NO (Circle one)**

**Have you been found guilty of a felony ? YES / NO (Circle one)**

**If yes, what was the charge and sentencing and are you on probation ? \_\_\_\_\_**

\_\_\_\_\_

**EDUCATION:**

Are you currently enrolled in school? \_\_\_ Yes \_\_\_ No If so, where? \_\_\_\_\_

Major: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Highest education level completed: \_\_\_\_\_

Licenses or clinical certification: \_\_\_\_\_  
(Please provide a copy of any license or certifications.)

Are you fluent in other languages? \_\_\_ Yes \_\_\_ No If so, please list here: \_\_\_\_\_

**Briefly describe any volunteer experience(s):**

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

**What skills, talents and/or resources you could provide the Free Clinic through volunteer services?**

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

**Please list any community groups, clubs or churches to which you hold membership:**

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

**What types of work are you interested in helping with at the Care Clinic?**

- |   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Office    | <input type="checkbox"/> Pharmacist      |
| <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Screening | <input type="checkbox"/> Physician       |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Nursing   | <input type="checkbox"/> Data Processing |

**TIMES AVAILABLE TO VOLUNTEER**

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Noon					
Early Afternoon					
Evenings					

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**Gloucester-Mathews Care Clinic reserves the option to do a background check.**

**FOR OFFICE USE ONLY**

Application approved \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_

Date of Orientation \_\_\_\_\_ Attended Orientation \_\_\_Yes \_\_\_No

Assigned to \_\_\_\_\_

Job Title \_\_\_\_\_

Received Job Description \_\_\_\_\_

Start Date \_\_\_\_\_

Schedule \_\_\_\_\_