

**Judeo Christian Health Clinic**  
**4118 North MacDill Avenue**  
**Tampa, Florida 33607**  
Phone: 813-870-0395 FAX: 813-879-3149

## Volunteer Application

Date Application Received \_\_\_\_\_

Interview Date \_\_\_\_\_

[ ] Adult [ ] Student Start Date \_\_\_\_\_

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

Last

First

Middle Initial

Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Education: High School \_\_\_\_\_ College \_\_\_\_\_

CERTIFICATION \_\_\_\_\_ PROFESSIONAL LICENSE NUMBER \_\_\_\_\_

OTHER TRAINING \_\_\_\_\_ (If health care professional, we must have a copy of your current professional state license on file.)

Volunteer Experience: (School, Agency, Hospital, Other) \_\_\_\_\_

Church or Synagogue Affiliation \_\_\_\_\_

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

Employment: [ ] Current or [ ] last place of employment \_\_\_\_\_

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

Special Skills: (Secretarial, Public Speaking, Languages you speak fluently, etc.) \_\_\_\_\_

Interests and Hobbies: \_\_\_\_\_

Organizations of which you are a member: \_\_\_\_\_

Willing to assist in fundraising or recruiting of professional volunteers on behalf of the Clinic? \_\_\_\_\_

Why do you want to work at the Clinic? \_\_\_\_\_

Please indicate days and times as well as how often you prefer to work. \_\_\_\_\_

### Volunteer Agreement (Please initial after reading the statements below)

\_\_\_\_\_ As a Judeo Christian Health Clinic volunteer I agree to uphold the values of the organization by providing a high standard of quality service to our patients and staff.

\_\_\_\_\_ I agree to hold, absolutely confidential, all information that I may obtain directly or indirectly concerning patients, doctors, and personnel.

\_\_\_\_\_ I can be depended on to work my assigned shift and will call, in advance, if not able to fulfill that obligation.

Signature \_\_\_\_\_ Date \_\_\_\_\_