

VOLUNTEER APPLICATION FORM

Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Field of Interest (please check one):

Medical Assistant

Pharmacy

Phlebotomist

Patient Representative

RDA

Finance

Behavioral Health

Community Affairs

Nursing

Other (Please

Radiology

specify): _____

Preferable Site (check all that apply):

Calexico

Niland

Calexico Dental

West Shores

Calexico WIC

Blythe

El Centro

Mecca

El Centro Dental

Mecca Dental

El Centro WIC

Coachella

Brawley

Hemet

Brawley Dental

Hemet Dental

Brawley WIC

Corporate

Winterhaven

Referral Center

Availability (please specify): _____

Please indicate any educational or other qualifications pertaining to the preferred field of interest (if applicable): _____

***For Internships/Externships *Only*:**

School/Institution: _____

Type of Internship/Externship: _____

Hours of training required (if applicable): _____

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*Have you been convicted of a Felony within the past 7 years? Yes No

If yes, explain: _____

*Do you currently or in the past, have you ever used illegal substances: Yes No

If yes, explain: _____

Signature: _____ Date: _____

*****For Human Resources Use Only*****

Clinic: _____ Assigned Supervisor: _____

HR Signature: _____ Date: _____