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 specify): ______________________________________
☐ Radiology

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): _________________________________________

*Must sign Waiver and Release of Liability 7/8/2022
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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: ____________________

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For Human Resources Use Only***************************************************************************
Clinic: ________________ Assigned Supervisor: ________________________________
HR Signature: ________________________________   Date: ____________________