



VOLUNTEER APPLICATION

Name: _____

Address: _____
Street or P.O. Box Apt/Unit City State Zip

Telephone: _____ **Email:** _____

Emergency Contact: _____
Name Relationship Phone Number

Education
(including degree & school) _____

Licenses/Certifications
(including expiration date) _____

Availability

Please check all that apply.

Day/Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Areas of Interest

Please check all that apply.

- Answer Phone
 Community Garden
 Donation Drive / Food Box Distribution
 Office Support / Patient Applications
 Outreach Events
 Take Vital Signs (credentials required)
 Other (please describe): _____

Background Check

You will receive an email from Clear requesting completion of a criminal background check. Please disclose any information that may appear on it that you think Ebenezer Medical Outreach, Inc. should know.

I attest that the information I have provided on this form is true and accurate.

Signature

Date