



|                         |
|-------------------------|
| <b>OFFICE USE ONLY</b>  |
| Orientation Date: _____ |
| Location: _____         |
| Database: _____         |
| Active   Inactive   PRN |

## Volunteer Application

|                                     |   |                              |             |                 |                  |
|-------------------------------------|---|------------------------------|-------------|-----------------|------------------|
| <b>Contact Information</b>          |   |                              |             |                 |                  |
| Name: _____                         | Date of Birth: _____  |                              |             |                 |                  |
| Address: _____                      | Primary _____   |                              |             |                 |                  |
| City: _____ State: _____ Zip: _____ | Alternative _____   |                              |             |                 |                  |
| E-Mail: _____                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;"><b>Professional Licenses</b></td></tr> <tr><td>Type: _____</td></tr> <tr><td>State(s): _____</td></tr> <tr><td>Active: Yes / No</td></tr> </table> | <b>Professional Licenses</b> | Type: _____ | State(s): _____ | Active: Yes / No |
| <b>Professional Licenses</b>        |   |                              |             |                 |                  |
| Type: _____                         |   |                              |             |                 |                  |
| State(s): _____                     |   |                              |             |                 |                  |
| Active: Yes / No                    |   |                              |             |                 |                  |
| Emergency Contact Person: _____     |   |                              |             |                 |                  |

### Education:

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

Grad. School: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Work Experience: \_\_\_\_\_

How did you hear about Victory? \_\_\_\_\_

Why do you want to volunteer at Victory? \_\_\_\_\_

## Volunteer Interests

(Select Any You May Be Qualified For)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> MD<br><input type="checkbox"/> RN<br><input type="checkbox"/> LPN<br><input type="checkbox"/> Dentist<br><input type="checkbox"/> PA | <input type="checkbox"/> Counselor<br><input type="checkbox"/> Health Educator<br><input type="checkbox"/> Massage Therapist<br><input type="checkbox"/> X-Ray Tech<br><input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Lab Tech<br><input type="checkbox"/> Nurse Practitioner<br><input type="checkbox"/> Dispensary<br><input type="checkbox"/> Dispensary Tech<br><input type="checkbox"/> Telephone Scheduling<br><input type="checkbox"/> Clerical | <input type="checkbox"/> Computer<br><input type="checkbox"/> Receptionist<br><input type="checkbox"/> Patient Triage/Escort<br><input type="checkbox"/> Patient Registration<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Fundraising/Development |
|---|--|---|---|

| Availability | Monday | Tuesday | Wednesday | Thursday | Friday |
|--------------|--------|---------|-----------|----------|--------|
| 8:00 – 11:30 |        |         |           |          |        |
| 2:00 – 4:30  |        |         |           |          |        |

**Please list below any medical conditions, physical limitations or past allergic reactions about which you would like us to be aware. This information will be treated confidentially and will be used only if you require medical assistance on an emergency basis while volunteering at Victory Health Partners.**

Physical Limitations: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

Victory Health Partners is not obligated to provide a placement, nor are you obligated to accept a volunteer position.