



Volunteer Request Form

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

E-Mail Address: _____

How did you hear about us: Friend Another Volunteer School Internet Media Other:
(Please specify): _____

Are you Florida Licensed Medical Practitioner? Yes No
If yes, please specify your specialty and years of experience in your field of expertise. _____

Will you be receiving certification/academic or internship credit? Yes No
If yes, please indicate the program/school/degree and total of hours needed. _____

Why are you seeking volunteer opportunities?
Please share your motivation for volunteering with us. _____

Are you able to provide a minimum of 3 to 6 months service hours? Yes No

SKILLS AND INTERESTS *(Additional responsibilities as needed)*

What type of volunteer work are you interested in? Please check all that apply.

- Clerical
 - Answer phones
 - Filing
 - Data Entry
- Outreach Events
- Patient Care Services
 - Vitals
 - Translation
 - Scribing
 - Medical Assistant Responsibilities

List any of your special skills/training?

- PC Skills
 - Microsoft Office
 - Medical Software _____
- Customer Service
- Office Equipment

- Data Entry/Clerical Skills
- Other skills (specify below)

What is your availability? (Please indicate below the days/times that you are available to volunteer)

Other than English, do you speak other languages? If yes please indicate language and proficiency.

- Language: _____ Able to translate: Yes No
- Language: _____ Able to translate: Yes No

EXPERIENCE

Do you have any previous volunteer experience? Yes No

If yes, please explain when, where and duties performed:

AGREEMENT AND SIGNATURE

By submitting this form, you affirm that the facts set forth in it are true and complete. You also understand that if accepted as a volunteer, any false statements, omissions or other misrepresentations made by you on this form may result in immediate dismissal.

Signature: _____ Date: _____

OUR POLICY

It is clinic policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

As a volunteer-based 501c3, we rely on the kindness of our licensed and non-licensed volunteers to provide quality healthcare services or support to the uninsured low-income residents of Broward County. It's our goal to best match your skill set(s) to our current needs. Should there be a possible match, we will contact you to further discuss how we may work together and if licensed, invite you to complete a licensed volunteer application. **Thank you for completing this form and for your interest in volunteering with the Light of the World Clinic.**