



## Volunteer Application

Fill out the volunteer application below and send it to us at:  
Moore Free Care Clinic  
Volunteer Coordinator  
211 Trimble Plant Rd. Suite C  
Southern Pines, NC 28387

### Personal & Contact Information

Title: Dr. Mr. Mrs. Ms. Rev.

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Degree/Credentials: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### For Students Only

College/High School: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Service-Learning Student? Yes No

Expected Date of Graduation \_\_\_\_\_ Faculty Advisor: \_\_\_\_\_

### Volunteer Information

a. Please check the areas in which you would like to volunteer:

- |  |  |
|--|--|
| <input type="checkbox"/> Clerical/ Office Support Worker | <input type="checkbox"/> Data Entry Operator                 |
| <input type="checkbox"/> Medical Program                 | <input type="checkbox"/> Computer Software/ Hardware Support |
| <input type="checkbox"/> Eligibility Screener            | <input type="checkbox"/> Health Educator                     |
| <input type="checkbox"/> Patient Surveyor                | <input type="checkbox"/> Public Relations/ Events/ Exhibits  |
| <input type="checkbox"/> Pharmacy Program                | <input type="checkbox"/> Volunteer Coordination              |
| <input type="checkbox"/> Dental Program                  | <input type="checkbox"/> Patient Transportation              |
| <input type="checkbox"/> Dental Assistant                |  |

**b.** List any skills or training that support your volunteer interests:

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State briefly why you wish to volunteer for the Free Clinic:

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List any other volunteer experiences you've had:

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Please list the dates and times that you are willing to volunteer each week:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
AM	-	-	-	-	-	-	-
PM	-	-	-	-	-	-	-

**Comments:**

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**How did you hear about volunteer opportunities in our organization?**

- |   |  |
|---|--|
| <input type="checkbox"/> Friend         | <input type="checkbox"/> Computer Software/ Hardware Support |
| <input type="checkbox"/> Newspaper      | <input type="checkbox"/> Health Educator                     |
| <input type="checkbox"/> Clinic website | <input type="checkbox"/> Public Relations/ Events/ Exhibits  |
| <input type="checkbox"/> Relative       | <input type="checkbox"/> Volunteer Coordination              |
| <input type="checkbox"/> Newsletter     | <input type="checkbox"/> Professor                           |
| <input type="checkbox"/> Staff          | <input type="checkbox"/> Other: _____                        |

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_