

Traverse Health Clinic (THClinic)
3183 Logan Valley Road, Traverse City, MI 49684
231-935-0799

Volunteer Application and Agreement

Date _____ Position you are applying for _____

Where did you hear about THClinic and our volunteer opportunities?

PERSONAL

Name _____

Address _____

Phone (h) _____ (c) _____ Fax _____

E-mail _____

Date of Birth _____

Emergency Contact _____ Relationship _____ Phone _____

Employer's name _____ Address _____

Work phone _____ OK to call at work? Yes / No

Occupation _____ Duties _____

Have you been convicted of a felony within the past five years? Yes / No

If Yes, briefly explain: _____

EDUCATION AND WORK EXPERIENCE

Level of education _____ Field of study _____

Are you currently a student? Yes / No If yes, where? _____

Do you hold a professional license(s)? Yes / No If so, what license(s)? _____

** Please provide us with a copy of your license**

Please list previous work or volunteer experience.

Company _____ Job Title _____

Address _____ Phone _____

Duties _____

Dates Served _____ Reason for Leaving _____

Company _____ Job Title _____

Address _____ Phone _____

Duties _____

Dates Served _____ Reason for Leaving _____

AVAILABILITY **When are you available to volunteer?**

Time of day

Day(s) of week

How often per month

How long do you anticipate being available to volunteer?

What attracted you to THClinic in particular?

What skills, training or knowledge do you wish to utilize at THClinic?

What training, resources, support or accommodations do you anticipate needing for this volunteer work?

Discuss any other ways you would like to assist THClinic.

REFERENCES **Please provide three personal or professional references**

Name

Relationship

Phone Number

1. _____

2. _____

3. _____

APPLICANT CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position. I agree to a criminal background check. I authorize the Traverse Health Clinic to verify all data given in my application and oral interview.

Signature _____ Date _____

Printed Name _____