

# THE MCGREGOR CLINIC VOLUNTEER APPLICATION

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Employed By (If Employed)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address

May you be called at work?  Yes  No

Brief description of work: \_\_\_\_\_  
\_\_\_\_\_

Please list days and times available to volunteer: \_\_\_\_\_  
\_\_\_\_\_

Do you speak a foreign language?  Yes  No If yes, which language \_\_\_\_\_

Do you drive (current driver's license)?  Yes  No Do you have regular access  
to a car?  Yes  No

Current community activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List current and previous volunteer work (list all previous volunteer work including brief  
description of duties and activities, dates of service.):  
\_\_\_\_\_  
\_\_\_\_\_

What are your reasons for wanting to participate as a McGregor Clinic volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

Have you had any personal experience(s) involving:

- HIV/AIDS                       Medical Training  
 Bookkeeping/Filing             Other \_\_\_\_\_

If so, please explain: \_\_\_\_\_

How did you learn of our program: \_\_\_\_\_

What particular skills do you feel you could bring to McGregor and why? \_\_\_\_\_

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, what charge? \_\_\_\_\_ Date convicted: \_\_\_\_\_ Where \_\_\_\_\_

Do you consent to a routine check of your criminal records?  Yes  No

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High School: 9 10 11 12            College: 1 2 3 4            Graduate: 1 2 3 4

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

Name of school: \_\_\_\_\_

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Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Work/Volunteer History:

Name or address of present or last employer or volunteer project:

Dates: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Brief description of work: \_\_\_\_\_

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Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Address	Zip Code	Phone	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

How long have you lived in the area? \_\_\_\_\_

The McGregor Clinic, Inc. reserves the right to make any checks deemed appropriate as to the suitability of anyone responsible for this confidential work. All information obtained will be held in the strictest confidence.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date