

## VOLUNTEER APPLICATION FORM

Please send the completed application to [kgodinez.ame@gmail.com](mailto:kgodinez.ame@gmail.com) or [amemedical@gmail.com](mailto:amemedical@gmail.com).

### PERSONAL INFORMATION

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### AVAILABILITY

How many hours per week are you available to volunteer? \_\_\_\_\_

Preferred days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Preferred time(s): \_\_\_\_\_

### EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

### EDUCATION & BACKGROUND

Current School (if applicable): \_\_\_\_\_

Level of Education: \_\_\_\_\_

Field of Study (if applicable): \_\_\_\_\_

### VOLUNTEER EXPERIENCE (if any)

Have you volunteered before? ☐ Yes ☐ No

If yes, where and what were your duties?

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### INTERESTS & GOALS

Why are you interested in volunteering with us?

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What are you hoping to gain from this volunteer experience?

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Are you considering a career in healthcare? ☐ Yes ☐ No ☐ Maybe

### SKILLS & LANGUAGES

Do you speak any languages other than English? ☐ Yes ☐ No

If yes, which ones? \_\_\_\_\_

Relevant skills (check all that apply):

- ☐ Customer Service ☐ Computer Skills ☐ Filing & Organizing  
☐ Phone Etiquette ☐ Spanish Fluency ☐ Data Entry ☐ Other: \_\_\_\_\_

#### REFERENCES

Provide the name and contact information of two non-family references:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

#### ACKNOWLEDGEMENT & SIGNATURE

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submitting an application does not guarantee placement. If accepted, I agree to follow all program guidelines, respect confidentiality, and act professionally.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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