



VOLUNTEER APPLICATION

Today's Date: _____

VOLUNTEER:

Full Legal Name _____
(Last) (First) (Middle initial)

Former Names and Nicknames _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Date of Birth: _____ Address: _____
(Street) (City) (Zip code)

Driver's License Number _____

E-mail address: _____ What is the best way to contact you? _____

Have you ever been a patient at the Albrecht Free Clinic? _____ (Y/N)

Are you available to be contacted last minute? _____ (Y/N) How best to contact you last minute? _____

VOLUNTEERING INTEREST:

Have you previously worked in a healthcare setting? _____ (Y/N) When? _____

How did you hear about the Albrecht Free Clinic? _____

PROFESSIONAL AND COMMUNITY EXPERIENCE:

Are you presently (mark all that apply): Employed Retired Volunteer

If so, where & when: _____

AREAS OF VOLUNTEER INTEREST:

Please let us know which area(s) you would like to volunteer in. You may check more than one:

**Role requires basic knowledge and experience with computers.*

Clinic Administrative

Non-Clinic

Medical Records Release

Administrative/Reception

Prescription Assistance Program

Volunteer Coordinating

Reception

Financial Reviewer

SKILLS or SPECIAL AREAS OF INTEREST:

Grant or Business Writing

QuickBooks

MS Office (Excel, Word, PowerPoint)

Foreign Language

AVAILABILITY:

The Albrecht Free Clinic offers volunteer opportunities Monday – Friday. Please advise if you would prefer to help with:

Clinic Non-Clinic (Administrative) Both I am flexible

Please indicate the days and time you are available to help:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Mornings					
Afternoons					
Evenings					

Daily Weekly Monthly

If you would like to specifically volunteer during clinic, or, the time patients are able to see healthcare providers, the Albrecht Free Clinic offers five **MEDICAL** “clinic” times throughout the week. Patient volumes vary depending on whether the clinic is walk-in or by appointment only. Please indicate below which clinic times you would be able to volunteer. *Each clinic offers both healthcare provider and administrative support volunteer opportunities.*

Mondays & Wednesdays
8:45a.m. - 12:00p.m.
Appointments

Fridays
8:45a.m. - 11:00a.m.
Appointments

Tuesdays & Thursdays
6:00p.m. - 7:30p.m.
Walk-In

REFERENCES: Please list two individuals (other than relatives) who can tell us about your professional and community experience(s). You may also submit letters of recommendation. The Albrecht Free Clinic reserves the right to request an alternate reference.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

HEALTH:

Are there any accommodations we need to make to facilitate your participation?

Are you free of communicable disease? _____

Rubella Test _____ TB Test _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____

Have you ever been convicted of a felony or misdemeanor or have any charges pending against you? yes no

Have you ever paid a civil fine or forfeiture for a non - traffic related offense? yes no

If yes, please provide us with an explanation of the offense(s), and the date(s) in which it/they occurred. No applicant will be denied a volunteer position because of a conviction for an offense, a pending criminal charge, or payment of a civil forfeiture or fine which the Albrecht Free Clinic determined is not substantially related to the circumstances of the volunteer position sought. Please use a separate sheet of paper if necessary.

Note: The Albrecht Free Clinic reserves the right to complete full background checks.

I certify my answers to be true and complete. If submitting via email, please type your name in the field.

Signature: _____ Date: _____

Once you complete the financial application you can do any of the following:

Send or drop off at; 908 West Washington
West Bend WI 53095

FAX: 262-306-7717

Email: contact@albrechtfreeclinic.org