



**LA CLÍNICA
DEL PUEBLO**

2831 15th St NW,
Washington, DC 20009
(202) 462-4788

For Office Use Only
Placement: _____
Start Date: ____/____/____

VOLUNTEER APPLICATION FORM

Date: _____

Thank you for your interest in volunteering at La Clínica del Pueblo! By becoming a volunteer you are helping us make healthcare a human right by providing culturally appropriate healthcare to those most in need. We ask that you complete this application as a first step to becoming a volunteer.

How did you hear about us? _____

Are you La Clínica's patient? Yes No

Name: _____ Date of birth: _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

AVAILABILITY

How soon could you begin? _____

Check the day(s) you are available*: Mon. Tues. Weds. Thurs. Fri. Sat. Sun.

Check the time(s) you are available*: Mornings Afternoons Evenings **Other:** _____
8:30 am – 1pm 1 pm – 5 pm after 5 pm

How often would you like to volunteer?

Once a week Twice a week 1-2 times a month **Other:** _____

What is your time commitment? 2-3 months 6 months 1 year Summer **Other:** _____

***Most volunteer opportunities are during our regular working hours: Mon. – Fri., 8:30 am – 5:00 pm**

INTERESTS AND SKILLS

What is your proficiency in Spanish? Native Speaker Fluent Conversational Basic None

Do you speak any other languages? _____

What volunteer areas interest you?: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Medical & Patient Services | <input type="checkbox"/> Interpreting (Must be trained as a medical interpreter) |
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Development/Fundraising |
| <input type="checkbox"/> Facilities (maintenance) | <input type="checkbox"/> Health Outreach |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other |

Other (please specify):

Please list any special skills you would like to share with La Clínica: _____

EDUCATION AND EMPLOYMENT

Are you currently a student? Yes No Expected Graduation Date: _____
Education/Degree/Year: _____
Are you currently employed? Yes No
Most recent employer/position: _____

VOLUNTEER EXPERIENCE

Please list prior volunteer experience:
Organization #1: _____
Position/Duties: _____
Organization #2: _____
Position/Duties: _____
Organization #3: _____
Position/Duties: _____

PERSONAL REFERENCES

Please list two people who can attest to your character and skills:
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

CRIMINAL HISTORY

Have you been convicted of a crime? Yes No Explanation: _____

I certify to the best of my knowledge that all the information provided here is correct. If I am accepted as a volunteer at La Clínica del Pueblo, I agree to comply with the policies of the programs and the organization.

Signature: _____ **Date:** _____