

VOLUNTEER APPLICATION INSTRUCTIONS

Dear Prospective Volunteer:

Thank you for your interest in volunteering your time and talents to WV Health Right. The support we receive from our volunteers enable us to accomplish our mission of providing comprehensive health care to the most vulnerable among us: the impoverished uninsured.

On the next page, you will find our volunteer application. All volunteers are required to complete an application, provide the names and contact information for three (3) references, and be available for an interview either on-site or by phone. If you become a WV Health Right volunteer, we will need to maintain all pertinent licenses, certificates, etc. on file.

Please complete the attached application and return it to me at your convenience. We look forward to meeting you and working with you as we accomplish our mission to provide quality healthcare access to the uninsured poor of our community. Should you require additional information, please do not hesitate to contact me by phone at **304-414-5919** or by email at ann_hyre@yahoo.com.

Sincerely,

Ann Hyre
Development Director

WV HEALTH RIGHT VOLUNTEER APPLICATION

Personal Information

Last Name First Name M.I. Date of Birth

Street Address City State Zip

Email Address Home Phone Cell Phone

Emergency Contact Name & Phone Number

Have you been convicted of, or pled no contest to, a felony within past five years?

Yes No

If yes, please explain (attach additional sheets if necessary): _____

Availability

Please check your preferences (shift = 3 hours*):

- 1 shift every week 2 shifts every month 1 shift every month
- Mornings (8:30-11:30) Afternoons (1:00-4:00) Evenings (4:00-8:00)
- Special Events Only Other _____

*Schedules can be flexible based on volunteer and/or clinic needs

Please check preferred days:

- Monday Tuesday Wednesday Thursday Friday Saturday*

*Saturday clinic scheduled once per quarter

Date you are available to begin volunteering? _____

Comments regarding your schedule or availability: _____

If you become a volunteer, would you like to be on the on-call/substitution list?

Yes No

VOLUNTEER EXPERIENCE

Company/Agency	Dates	Description of Duties

RELATED WORK EXPERIENCE

Company/Agency	Job Title	Dates	Description of Duties

EDUCATION

School Name	City, State	Degree/Diploma	Graduation Date

Are you bilingual? Yes No

If yes, what language(s)? _____

Please list any other skills, licenses, certifications, trainings, awards, etc. _____

AREAS OF INTEREST (check all that apply)

Medical Services

- Physician
- Pharmacist
- Psychiatrist
- Psychologist
- Ophthalmologist
- Optometrist
- Nurse Practitioner
- Registered Nurse
- Diabetic Educator
- Licensed Practical Nurse
- Medical Assistant
- Phlebotomist/Lab Tech
- Pharmacy Tech

Medical & Dental Professionals

- Are you licensed in WV?
- Yes No
- Are you retired?
- Yes No

Dental Services

- Dentist
- Oral Surgeon
- Dental Assistant
- Dental Hygienist

Other

- Community Outreach/Education
 - Information Systems Specialist
 - Data Entry
 - Counseling and Testing
 - Marketing
 - General Office
 - General Maintenance
 - Groundskeeping
 - Special Events (fundraising)
-

REFERENCES

Please provide three references:

Reference 1:

Name: _____ Address: _____

Phone: _____ Email: _____

Reference 2:

Name: _____ Address: _____

Phone: _____ Email: _____

Reference 3:

Name: _____ Address: _____

Phone: _____ Email: _____

I certify that all statements given here are true and complete. I authorize the investigation of all statements and references as noted on this application. I further authorize WV Health Right to complete a background check if required for the position(s) for which I wish to volunteer.

Signature

Date