

THE FREE CLINIC OF TRANSYLVANIA COUNTY

P.O. Box 1135
Brevard NC 28712
883-4454

VOLUNTEER APPLICATION

Date: _____

Name: _____ Nickname: _____

PLEASE PRINT

Address: _____ Birth: Mon/Year: _____

Phone (Home): _____ (Work): _____ Cellular: _____

E-Mail: _____ Please Circle Computer skill: None Beginner Intermediate Advanced

Fax: _____

Occupation: _____ Professional Degrees: _____

Licensed in NC Not currently licensed Licensed in another state License Expiration Date

Employed: _____ Retired: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

Volunteer Activity Desired

CLINICAL

PHYSICIANS (Specialty) _____

NURSES - Please circle

RN / LPN / NP / PA / CNA / EMT / MED.TECH

LICENSED THERAPIST/COUNSELOR

PHARMACY - Please circle

Pharmacist / Pharm.Tech / Pharmacy Volunteer

OTHER -

Reception/Greeter

Front Desk/ Patient Charts

Intake

Interpreter

Clerical / Computer / Data Entry

OTHER SKILLS - DETAIL

Office appropriate clothing encouraged (e.g. No visible underwear or undershirts, flip-flops or baseball caps)

MON - 12.30 - 4 / 4 - 6

TUES - 1 - 3

WED - 12.30 - 4 / 4 - 6

THUR - 1 - 3

TUES - 2 - 5 METABOLIC CLINIC(1X Month)

I Am Available to Work in Community Pharmacy

Mon 1 - 6pm Wed 1 - 6pm

I can be called as a last minute fill-in

Signature _____