



## Volunteer Application

**Instructions:** Please complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. Be sure to sign and date the application. Please print legibly. If you are initialing this form for web submission, you will be asked to sign this form in person should you be considered for a Volunteer position at Unity Health Care, Inc.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

What date are you available to begin volunteering? \_\_\_\_\_

Are you 18 years old or older?    Yes    No

*\*If not, a copy of photo identification and a letter from parent or guardian giving their permission to volunteer with Unity Health Care, Inc. is required with application.*

Have you ever been employed at Unity Health Care or Health Right before?    Yes    No

If yes, please tell us what year and what position. From \_\_\_\_\_ To \_\_\_\_\_

Position Held: \_\_\_\_\_

Have you ever volunteered at Unity Health Care before?    Yes    No

If yes, please tell us what year and what position. From \_\_\_\_\_ To \_\_\_\_\_

Position Held: \_\_\_\_\_

## Educational Background (Optional)

School	Name and Location of School	Course of Study	Graduate?	Degree or Diploma
High School				
College				
Graduate School				
Vocational/ Other				

Membership in professional or civic organizations (exclude those which may disclose your race, color, religion or national origin.)

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## Volunteer Experience

Volunteer Organization	Address & Phone Number	Phone Number	Supervisor Name	Volunteer Title	List Volunteer Duties
1.					
2.					
3.					

## Employment Experience

Volunteer Organization	Address & Phone Number	Phone Number	Supervisor Name	Volunteer Title	List Volunteer Duties
1.					
2.					
3.					

## Additional Information:

Below is a general list of volunteer opportunities. Please mark ALL areas in which you are willing to volunteer.

Greeters

- directing patients and help with patient flow at the site

Administrative

- assisting with transportation and other resources for patients
- answering phones (no registration)
- courtesy calls (reminders, no-shows and cancellations; no registration)

Non-Medical Student Intern

- includes all administrative needs
- resource gathering
- in various fields (i.e. Social Work, Public Health or Health Care Administration)

Health Education

- distributing pamphlets
- educational presentations/workshops in waiting room
- in-clinic outreach
- assist with client surveys/questionnaires

Clinical Aesthetics

- creative crafts to beautify clinic atmosphere
- arranging display boards

Health Fairs

- Assist with organizing and attending Community Health Fairs in the District of Columbia

Reach Out and Read

- Reading to children in the waiting rooms or play rooms
- Modeling good reading behaviors for parents
- Help identify age-appropriate books for children

Other

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To aide in volunteer placement please indicate any additional information that would be of special benefit in the volunteer position for which you are applying. (i.e. language(s), carpentry, computers etc.)

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**In the chart below indicate the hours available during the week (i.e. 2pm to 4pm on Wed. or once monthly)?**

Position Title	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Greeter								
Administrative								
Non-Medical Student Intern								
Health Education								
Clinical Aesthetics								
Health Fairs								
Reach Out and Read								
Other								

Do you have a driver's license? Yes No

State/License #: \_\_\_\_\_

Have you ever been convicted of a felony (excluding any sealed or expunged convictions)? Yes No

*Note: No applicant will be denied a volunteer experience based solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the volunteer position(s) applied for may, however, be considered.*

If yes, please explain:

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**Applicant's Signature**

**Date**