

General Volunteer Application

Name: _____ Date of Birth: _____

Address in Vermont: _____

Phone: (h) _____ (w) _____ (c) _____

Email: _____

You prefer to be contacted by: phone call | text message | email

Occupation: _____

Are you currently in school? No | Yes, graduating in _____

In case of emergency, notify: _____ Relationship: _____

Phone: (h) _____ (c) _____ Email: _____

How did you learn about the Open Door Clinic? _____

In what capacity would you like to volunteer with the ODC? Do you have any experience with customer service, working or volunteering at a medical facility, or with vulnerable populations? Or, if you have any experience with marketing, communications, fundraising or have another skill that you think could benefit our organization, please let us know.

Please list the name, email and phone number of three personal/professional references (**please, do not list relatives**):

- 1) _____
- 2) _____
- 3) _____

Have you ever been convicted of a crime? No | Yes - Please explain (attach additional sheets if necessary) _____

When are you available to volunteer? _____

Your signature below indicates your permission to allow ODC staff to contact the references listed above and that the information provided in this application is correct.

Signature: _____ Date: _____

(If you are not printing this form, in lieu of a signature, please type your name)

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual orientation, or gender.

