

### General Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address in Vermont: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

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.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

