

Hill Country Mission for Health, Boerne and Comfort, TX
VOLUNTEER SERVICE APPLICATION

Name _____ Nickname: _____

Mailing Address _____

Phones: Home _____ Cell _____ Work _____

E-mail _____ Birthdate _____ Driver License # _____

Emergency Contact: _____

Name & Relationship _____ Phone Number _____

Any physical limitation we need to know about? _____

Please describe any previous work or volunteer experiences: _____

Currently Employed or Retired From: _____

Which location do you prefer? ___ Boerne ___ Comfort ___ either/both

What are your skills and interests in Volunteering for the Mission? *Circle as many as apply*

Medical Provider

MD Lic# _____

PA Lic# _____

NP Lic# _____

RN Lic# _____

LPN/LVN Lic: _____

Lab Tech

Medical Tech

EMT

Office

Receptionist

Administrative Ass't

Translator

Computer support

Data entry

Grant writer

Other

Bus Driver - 34'bus

Social worker

Case Manager

Health Instructor

Committees

Board of Directors

Fund Raising

Repairs or Maintenance

Other: _____ Languages Spoken: _____

How did you hear about us? _____

Days & Hours Available? _____ Start Date? _____

Is this a Community Service requirement? ___ Yes* ___ No If so, how many hours are required? _____

*Discussion w/Executive Director required

Information obtained on this form may be used to perform a background check. By signing this form I give Hill Country Mission for Health permission to do a background check if deemed necessary by Hill Country Mission for Health.

Signature _____ Date _____

Staff Signature _____ Date _____