



Hill Country Mission for Health, Inc.
 122 Commerce Avenue | Boerne, TX 78006
 830.249.0130 Phone | 830.249.0124 Fax
 A 501c3 Non-profit Organization

VOLUNTEER SERVICE APPLICATION

Name:		Nickname:	
Street Address:			
City:		ST:	Zip:
Cell Phone:		Work Phone:	Home Phone:
Email:		Date of Birth:	SSN:
Driver License #:		State of Issue:	Shirt Size:
Emergency Contact:		Relationship:	
Physical Limitations:			
Previous Volunteer Experience:			
Currently Employed or Retired From:			
What are your skills and interests in volunteering for the Mission? Check as many as apply.			
Medical Provider	Office		Other
MD License #	Receptionist		Health Instructor
PA License #	Administrative Assistant		Fund Raising
NP License #	Translator		Repairs or Maintenance
RN License #	Computer Support		
LPN/LVN License #	Data Entry		
Lab Tech	Grant Writer		
Medical Assistant/Tech			
EMT	Language(s) Spoken:		
How did you hear about us?			
Days/Hours Available:	Days:		Hours:
Start Date Desired:			
Is this a Community Service Requirement? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, how many hours are 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 perform a background check, if deemed necessary.			
Volunteer Signature		Date:	
Staff Signature		Date:	