

Volunteer Application

**Open Door Clinic of
Alamance County**

Personal Information

Full Name	Date
Address	
Phone	Email

Current High School/College

School		
Address		
Phone	Current Year	Expected Graduation

Prior Experience

Organization Name	Position	Year

Availability

	Morning (8:00 am - 1:00 pm)	Afternoon (1:00 pm - 4:00 pm)	Evening (5:00 pm - 8:00 pm)
Tuesday			
Wednesday			
Thursday			

In Case of Emergency Notify:

Name	Relationship
Phone	

Area(s) of Interest

Have you ever been convicted of a crime (misdemeanor or felony), other than minor traffic offenses with a fine of \$75.00 or less?

Yes _____ No _____

If yes, please describe the nature, date, location, and final disposition of same. _____

The information provided on this application is correct to the best of my knowledge. I authorize request of information as needed from my previous volunteer affiliations or references.

APPLICANT'S SIGNATURE _____

Today's Date _____

If applicant is under 18 year of age, signature of parent or guardian is required.

Print Parent/Guardian Name _____

Signature _____

Phone Number _____

Today's Date _____