



Volunteer Information Sheet

Name _____

Address _____

City _____ State _____ Zip _____

Phone (DAY) _____ (EVENING) _____

Date of Birth _____ Email: _____

Occupation _____

Current Employer _____

Reference _____ Phone _____

Home Church _____

Driver's License (State and Number) _____

Other Spoken Languages _____

(Office Use Only)	
_____	Date Contacted Us
_____	Our Response Date
_____	Student
_____	VO Date
_____	BC
_____	DP
_____	SD
_____	NS

IN CASE OF EMERGENCY CONTACT:

Name _____ Phone _____

Relationship _____

I want to volunteer _____ A.M. _____ P.M.

Anticipated day(s) of the week _____

Anticipated number of hours per: week _____ day _____ month _____

Skills and Experience (please check all that apply) Attach a copy of your license.

Medical

- _____ Certified Diabetic Educator
- _____ Doctor (must have current TX license)
- _____ Medical Assistant
- _____ Nurse (LVN - must have current TX license)
- _____ Nurse Practitioner (must have current TX license)
- _____ Nurse (RN – must have current TX license)
- _____ Pharmacist (must have current TX license)
- _____ Phlebotomist
- _____ Registered Dietician
- _____ Other _____

Dental

- _____ Dentist (must have current TX license)
- _____ Dental Hygienist, RDH (must have current TX license)
- _____ Dental Assistant, RDA
- _____ Dental Specialist
- _____ Other _____

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TOMAGWA HealthCare Ministries

Clerical

- _____ Answering phones
- _____ General Clerical/Filing
- _____ Interpreter
- _____ Check-in Patients
- _____ Microsoft Access
- _____ Microsoft Excel
- _____ Microsoft Word
- _____ Other Software
- _____ Web Support
- _____ Web Support
- _____ Other

Church Liaison

- _____ Ministry / Church Committee Contact
- _____ Congregational Speaker / Presenter
- _____ Pastor Contact
- _____ Information Distribution Contact
- _____ Other _____

Professional Services

- _____ Bookkeeping
- _____ Counselor
- _____ CPA
- _____ Graphic Artist
- _____ Information Technology

General

- _____ Clinic Maintenance
- _____ Fundraising
- _____ Marketing/Development
- _____ Press Release Coordinator
- _____ Reading Program Coordinator
- _____ Recycling Coordinator
- _____ Speech Writer
- _____ Historian

I understand that TOMAGWA Ministries Medical Clinic may perform a background check before I am accepted as a volunteer. By signing below, I give TOMAGWA Ministries permission to conduct a background check.

Signature of Applicant

Date

Witness

Date

(Office use only)

- TB Test Yes No
- Hep A Yes No
- Hep B Yes No
- Liability Insurance Yes No
- License Verified Yes No

Date _____ Result _____
 Dates _____ Refused _____
 Dates _____ Refused _____