



101 Pine Manor Drive  
Oak Ridge North, Texas 77385  
(281) 364-7889  
infor@communityclinic.net

### VOLUNTEER APPLICATION

NAME \_\_\_\_\_  
(Last) (First) (M.I.) (First name for badge)

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_ BIRTHDAY: (month) \_\_\_\_\_ (day) \_\_\_\_\_

#### EMPLOYMENT INFORMATION:

CURRENT EMPLOYER (if applicable) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ POSITION \_\_\_\_\_ HOURS \_\_\_\_\_

May we call you at work if necessary  Yes  No

#### QUALIFICATIONS:

Level of Education: High School \_\_\_\_\_ College \_\_\_\_\_ Trade School \_\_\_\_\_ Graduate School \_\_\_\_\_

Name of current school \_\_\_\_\_

Is volunteering a requirement for school credit? \_\_\_\_\_ If so, how many hours? \_\_\_\_\_

Have you ever been convicted of or been on deferred adjudication for, or are you now either awaiting trial for or on deferred adjudication for, a felony or misdemeanor?  Yes  No

If yes, describe in full, including dates and locations (conviction will not necessarily bar volunteer service).

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

Prior Volunteer experience?

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

How did you learn about the Clinic? \_\_\_\_\_

