



## VOLUNTEER APPLICATION INSTRUCTIONS

Dear Prospective Volunteer:

Thank you for your interest in volunteering your time and talents to WV Health Right. The support we receive from our volunteers enable us to accomplish our mission of providing comprehensive health care to the most vulnerable among us: the impoverished uninsured.

On the next page, you will find our volunteer application. All volunteers are required to complete an application, provide the names and contact information for three (3) references, and be available for an interview either on-site or by phone. If you become a WV Health Right volunteer, we will need to maintain all pertinent licenses, certificates, etc. on file.

Please complete the attached application and return it to me at your convenience. We look forward to meeting you and working with you as we accomplish our mission to provide quality healthcare access to the uninsured poor of our community. Should you require additional information, please do not hesitate to contact me by phone at **304-414-5919** or by email at [ann\\_hyre@yahoo.com](mailto:ann_hyre@yahoo.com).

Sincerely,

Ann Hyre  
Development Director



# WV HEALTH RIGHT VOLUNTEER APPLICATION

## Personal Information

---

Last Name                      First Name                      M.I.                      Date of Birth

---

Street Address                      City                      State                      Zip

---

Email Address                      Home Phone                      Cell Phone

---

Emergency Contact Name & Phone Number

Have you been convicted of, or pled no contest to, a felony within past five years?

Yes                       No

If yes, please explain (attach additional sheets if necessary): \_\_\_\_\_

## Availability

Please check your preferences (shift = 3 hours\*):

- 1 shift every week                       2 shifts every month                       1 shift every month
- Mornings (8:30-11:30)                       Afternoons (1:00-4:00)                       Evenings (4:00-8:00)
- Special Events Only                       Other \_\_\_\_\_

\*Schedules can be flexible based on volunteer and/or clinic needs

Please check preferred days:

- Monday                       Tuesday                       Wednesday                       Thursday                       Friday                       Saturday\*

\*Saturday clinic scheduled once per quarter

Date you are available to begin volunteering? \_\_\_\_\_

Comments regarding your schedule or availability: \_\_\_\_\_

If you become a volunteer, would you like to be on the on-call/substitution list?

Yes       No

### **VOLUNTEER EXPERIENCE**

<b>Company/Agency</b>	<b>Dates</b>	<b>Description of Duties</b>

### **RELATED WORK EXPERIENCE**

<b>Company/Agency</b>	<b>Job Title</b>	<b>Dates</b>	<b>Description of Duties</b>

### **EDUCATION**

<b>School Name</b>	<b>City, State</b>	<b>Degree/Diploma</b>	<b>Graduation Date</b>

Are you bilingual?  Yes     No

If yes, what language(s)? \_\_\_\_\_

Please list any other skills, licenses, certifications, trainings, awards, etc. \_\_\_\_\_

\_\_\_\_\_

## AREAS OF INTEREST (check all that apply)

### Medical Services

- Physician
- Pharmacist
- Psychiatrist
- Psychologist
- Ophthalmologist
- Optometrist
- Nurse Practitioner
- Registered Nurse
- Diabetic Educator
- Licensed Practical Nurse
- Medical Assistant
- Phlebotomist/Lab Tech
- Pharmacy Tech

### Medical & Dental Professionals

- Are you licensed in WV?
- Yes                       No
- Are you retired?
- Yes                          No

### Dental Services

- Dentist
- Oral Surgeon
- Dental Assistant
- Dental Hygienist

### Other

- Community Outreach/Education
  - Information Systems Specialist
  - Data Entry
  - Counseling and Testing
  - Marketing
  - General Office
  - General Maintenance
  - Groundskeeping
  - Special Events (fundraising)
-

## REFERENCES

Please provide three references:

Reference 1:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 2:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 3:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

---

I certify that all statements given here are true and complete. I authorize the investigation of all statements and references as noted on this application. I further authorize WV Health Right to complete a background check if required for the position(s) for which I wish to volunteer.

---

Signature

Date