



FAIHP

Fresno American Indian Health Project



VOLUNTEER APPLICATION

FOR OFFICE USE ONLY
Date Received: _____
Received by: _____
Assigned Supervisor/Department: _____

Date: _____

Name: _____

Address: _____

Sex (circle one): Male Female

City/State/Zip: _____

Social Security # _____

Phone: Day () _____ Ext. _____ Evening () _____ Ext. _____

Date of Birth: (Mo/Day/Yr) _____ / _____ / _____

In case of emergency contact: _____ Relationship: _____

Phone: () _____ Ext. _____

Languages spoken: _____

How did you hear about FAIHP's Volunteer Program? Friend _____ Agency (specify) _____

Newspaper _____ Recruiter/Outreach booth _____ Sign/Flyer _____ Other (specify) _____

Education: (Check all that apply)

Junior High _____ High School _____ Junior College _____ Trade School _____ Undergraduate _____

Graduate _____ Post Graduate _____ Degree(s) Earned: _____

Volunteer Experience:

Work Experience:

Name: _____

Armed Force Experience:

Current Employer (List name, address, phone number and position):

Days and Times Available (Circle all that apply):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

Professional Information

License/Certificate/Training: _____

License or Certificate number: _____ Exp. Date: _____

DEA number: _____ Exp. Date: _____

Specialty or Area of Expertise: _____

CPR/First Aid Training: _____ Exp. Date: _____

Briefly state why you wish to become involved with the FAIHP Volunteer Program:

The information provided is to the best of my knowledge, true complete and accurate. I understand this is only an application and does not ensure placement as a volunteer. I also understand that if I am placed as a volunteer and in a capacity where I interact with children, youth, disabled, or elderly, I may be required to have a fingerprint background check.

Signature: _____ Date: _____

Print Name: _____

Name: _____

Volunteer Interest – Indicate areas of interest

Administrative

- _____ Receptionist
- _____ Clerical/Filing
- _____ Data Entry
- _____ Computer Specialist

Medical Services

- _____ Medical Assistant***
- _____ Nurse Practitioner*
- _____ Nurse*
- _____ Intake Interviewer**
- _____ Chartroom Assistant
- _____ Clerical

Circles of Care

- _____ Clerical
- _____ Child Care
- _____ Chaperone
- _____ Setup/Cleanup for meetings

WISE Group (seniors)

- _____ Setup/Cleanup for meetings
- _____ Assist seniors
- _____ Instructor specify: Cultural, Art, Crafts, Wellness, other: _____
- _____ Presenter specify: Cultural, Traditions, Wellness, other: _____

Youth Clubhouse

- _____ Academic Tutor
- _____ Computer Specialist
- _____ Clerical
- _____ Film/Video Instructor
- _____ Internet Specialist
- _____ Recreation Specialist
- _____ Chaperone
- _____ Instructor (specify: Cultural, Art, Crafts, Wellness, other: _____)
- _____ Presenter (specify: Cultural, Traditions, Wellness, other: _____)

Other

- _____ Fundraising
- _____ Research
- _____ Health Fairs
- _____ Speaker specify: _____
- _____ Newsletter
- _____ Photography

*CA license or certification required
** Required training provided by project
*** Pre-requisites required