

I am interested in working _____ hours per:	<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Special Events Only
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Regularly Scheduled Clinics (times are approximate):

Weekly Legal Clinic (Tuesday evening, 6-9 pm)

Morning Clinics (M-F, 9-12 noon)

Afternoon Clinics (M-F, 1-5 pm)

Evening Clinics (M-F, 6-9 pm)

General availability by day of week and time:

Day of the Week	Time of Day	Work From Home Tasks
Mondays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____
Tuesdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____
Wednesdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____
Thursdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____
Fridays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____

Emergency Contact Information:

Last Name:	First Name	MI:
Address:		
City:	State:	ZIP:
Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Child <input type="checkbox"/> Other (specify): _____		
Home Phone:	E-Mail:	
Work Phone:	Cell:	
Language proficiency other than English: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Language 1:	Language 2:	Language 3:

Education (check highest level completed)

<input type="checkbox"/> High School	<input type="checkbox"/> College Graduate	
<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Graduate	
<i>Professional Licenses and Certifications</i>		
Type	Number	State
<i>Areas of Expertise:</i>		
<i>Personal References</i>		
Name:	Address:	
	City:	State: ZIP:
Phone Number:	E-Mail Address:	
Name:	Address:	
	City:	State: ZIP:
Phone Number:	E-Mail Address:	

I certify that the information contained in this application is true and complete to the best of my knowledge. I acknowledge that any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal from or refusal of volunteer services.

Applicant's Signature

Date

Application Reviewed for the Conejo Free Clinic by:

Reviewer's Signature

Date

Please return completed Volunteer Application Form to the Conejo Free Clinic at 80 E Hillcrest Dr, Thousand Oaks, CA 91360.