



80 East Hillcrest Drive, Suite 102
 Thousand Oaks, CA 91360
 Dental Phone: (805) 328-3100
 Medical Phone: (805) 497-3575
 Fax: (805) 497-4099
 Website: www.conejofreeclinic.org

Volunteer Application Form

Last Name: _____ First Name: _____ MI: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____ DOB: _____

For MD, DDS, RN, RDH licensed Providers

College: _____	Graduation Date: _____
NPI # _____	DEA _____
FEIN _____	UPIN _____
License # _____	SSN# _____

How did you learn about volunteer opportunities at the Conejo Free Clinic?

<input type="checkbox"/> Friend	<input type="checkbox"/> TV/Radio	<input type="checkbox"/> Community Group:
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Internet	<input type="checkbox"/> Other (specify):

What can you help us with?

Professional and Medical Volunteers (check all qualifications)	Support Volunteers (check all experience)
<input type="checkbox"/> MD or DO	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Physician's Assistant	<input type="checkbox"/> Medical Records
<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Mailings
<input type="checkbox"/> Nurse	<input type="checkbox"/> Bookkeeping/Accounting
<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Computer Work
<input type="checkbox"/> LPN/LVN	<input type="checkbox"/> Other Administrative (specify):
<input type="checkbox"/> Technician (<input type="checkbox"/> laboratory, <input type="checkbox"/> x-ray)	<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Lawyer (area of practice: _____)	<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Paralegal	<input type="checkbox"/> Fund Raising
<input type="checkbox"/> Dentist	<input type="checkbox"/> Patient Advocate
<input type="checkbox"/> Registered Dental Hygienist	<input type="checkbox"/> Translator
<input type="checkbox"/> Registered Dental Assistant or Dental Assistant	<input type="checkbox"/> Other (specify):

<i>Your availability for regularly scheduled clinics:</i>			
I am interested in working _____ hours per:		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Special Events Only	
Regularly Scheduled Clinics (times are approximate):			
<input type="checkbox"/> Legal Clinic (Phone consultation and Legal Advice)			
<input type="checkbox"/> Morning Clinics (M-F, 9-12 noon)			
<input type="checkbox"/> Afternoon Clinics (M-F, 1-5 pm)			
<input type="checkbox"/> Evening Clinics (M-F, 6-9 pm)			
<i>General availability by day of week and time:</i>			
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: _____	# hours: _____
Tuesdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____	# hours: _____
Wednesdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____	# hours: _____
Thursdays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____	# hours: _____
Fridays	<input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings	# hours: _____	# hours: _____
<i>Emergency Contact Information:</i>			
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:

<i>Education (check highest level completed) and include name of school and graduation date</i>			
<input type="checkbox"/> High School	<input type="checkbox"/> College		
<input type="checkbox"/> Associate Degree	<input type="checkbox"/>		
<i>Professional Licenses and Certifications</i>			
Type	Number	State	Exp. Date
<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 form to Conejo Free Clinic, 80 E. Hillcrest Dr. #102, Thousand Oaks, CA 91360 or
email to eileenharris@conejofreeclinic.org**