

Partners for Life Volunteer Application

MAIL APPLICATION TO: PARTNERS FOR LIFE • P.O. BOX 4799 • PASCO • WA 99302

Full Name

Phone #

VOLUNTEER CHECK LIST:

Please mark areas you are interested in volunteering. **Number each category in the order Of your preference, with #1 being your First Choice** and Circle **the Areas You are Interested In, In that category**. If you have skills and talents are not listed, feel free to add them at the bottom Of the page.

- _____ **Business:** accountant, bookkeeper, statistician, attorney/legal support
_____ **Clerical/Communications:** computer input, database, newsletter editor, e-mail coordinator
_____ **Equipment/Supplies:** medical and office supplies, ordering stocking, repair
_____ **Translators:/Interpreters:** Spanish, Chinese, Ukrainian, Bosnian,
_____ **Fund-raising:** obtaining donations, grant writing, special events
_____ **Medical Care:** physicians, nurse practitioners, PA, RN, CNA, physical therapists
_____ **EMS:** police officer, fireman, paramedics, EMT's
_____ **Counselors / Chaplains:** mental, emotional and resource support
_____ **Volunteer Support:** nurturing our volunteers

List skills and talents not:

Reasons for Volunteering:

Medical/Nursing Volunteers: Please add the following:

State		License Number		Exp. Date	

Section 1: General Information

Date _____

Legal Name				Preferred Name			
Address			City			State	Zip
Phone Home			Work			Cell	Fax
Birth Date			SS#			Passport #	Exp.
Spouse's Name				Emergency Contact			
Relationship			Contact Numbers:				

Do you have any physical limitations or medical conditions that would prevent you from safely doing the task you are volunteering for?

Yes _____ No _____

If yes, please describe the limitations: _____

Have you ever been charged with or convicted of any crimes including either a felony or misdemeanor?

Yes _____ No _____

If yes, please describe when, where, and the nature of the charge: _____

Section 2: Employment Information:

Employer: _____ Phone: _____
 Address: _____
 Position/Title: _____ Dates Worked _____
 Specialties/Responsibilities/Duties/ Special Projects _____

Personal Reference:				Phone:			
Contact Preferences:	E-mail	Mail	Phone	None	Other		

Section 3: Education and Experience

Education (Major Subjects): _____
 Is English your primary language? Yes _____ No _____
 If No, what is your primary language? _____
 Foreign Languages: _____
 Degree of Fluency: Novice _____ Intermediate _____ Fluent _____ Translator _____

Previous international or cross-cultural medical, work or travel experience:

Country	Type of Experience	Date

Past or present church, civic or auxiliary affiliations, volunteer experience, or interests that may be helpful as a volunteer:

Church or Organization	Position