

Volunteer Application Form

815 N. Broadway, Tyler, Texas 75702

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability or national origin.

Personal Information:

Last Name	First Name	Middle Name
Address		City
		State
		Zip
Home	Work	Cell
		Referred By

Department In Which You Wish To Volunteer:

- | | |
|--|--|
| <input type="checkbox"/> WIC
<input type="checkbox"/> Immunizations
<input type="checkbox"/> Vital Statistics
<input type="checkbox"/> Tuberculosis Department
<input type="checkbox"/> Any Department as Needed | <input type="checkbox"/> Environmental Health (Food/Other Inspect.)
<input type="checkbox"/> Laboratory
<input type="checkbox"/> Community Outreach
<input type="checkbox"/> Center for Healthy Living
<input type="checkbox"/> Other: _____ |
|--|--|

Indicate The Days And Times You Wish To Volunteer:

- | | |
|---|--|
| <input type="checkbox"/> Monday / Time _____ To _____
<input type="checkbox"/> Tuesday / Time _____ To _____
<input type="checkbox"/> Wednesday / Time _____ To _____ | <input type="checkbox"/> Thursday / Time _____ To _____
<input type="checkbox"/> Friday / Time _____ To _____ |
|---|--|

Education:

High School Attended	Location	Years completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
College Attended	Location	Years completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree: _____
Trade, Business, or Correspondence School		Years completed	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No

Special Courses or Training: _____

Experience Related to the Department you wish to volunteer in? _____

Why do you wish to volunteer for our agency? _____

Indicate your general area of interest (Clerical, clinical, any): _____

Is your request to volunteer required by school? _____ If yes, how many hours are needed? _____

All requests to volunteer must be approved by the Chief Executive Officer and the Department Head prior to any work being performed. I certify that the information provided is true and correct.

Signature _____ Date _____