

In what areas would you like to volunteer?	
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## **Volunteer/Student Application**

Date:	Name:	Phone				
Address:		City/ST/Zip:				
List Special Ti	raining/Skills:					
How long will	you be able to volunteer for PP	AHC?				
Best Availabi	lity (Day/Time)?					
School/Stu	dent Program Info (Fill out it	ems that pertain to y	our needs only!)			
School:		Hours Required:				
School Addre	SS:	City/ST/Zip:				
Supervisor No	ame:	Phone #:				
Course Descri	ption:					
Graduation ∧ □ No	Nonth/Yr: M	ajor:	Speak Spanish? 🗆 Yes			
Emergency	Contact Info					
1 <sup>st</sup> Contact:		Phone:	Relation:			
2 <sup>nd</sup> Contact:_		Phone:	Relation:			
For Agency	v Use Only					
PPAHC Super	visor Assigned:	Dept/He	ealth Center:			
<ul> <li>□ Application completed/signed</li> <li>□ Confidentiality form signed</li> <li>□ Handbook agreement signed</li> <li>□ Title X orientation</li> </ul>		Business Services Staff to complete:  Approved to volunteer Staff  Beginning Date Ending Date				
Additional fo	or Health Centers:	☐ Did not volunteer	Staff			
	icense (clinician students only) n signed □ Tetanus/Diphtheria	☐ Orientation Comp	oleted Date Staff			
□ Нер В □	•	quired forms are signe	•			
	tax paperwork to center me	anager or provide to	appropriate department director.			