

DISCIPLES CLINIC OF ATHENS

CLERICAL/CLINIC VOLUNTEERS

Date: _____

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

E-mail Address: _____

Day(s) Available: Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___

Times Available: Mornings ___ Afternoons ___ Evenings ___

Please check the volunteer opportunities you might enjoy. If you check more than one, please number in order of preference.

RECEPTIONIST

INTERPRETER

CLERICAL (COMPUTER EXPERIENCED)

COMPUTER TECHNICIAN

MAINTENANCE/CLEANING

TRANSCRIPTION(SCRIBE)

MAINTENANCE/REPAIR

EVENT PLANNER

PATIENT ADVOCATE

SOCIAL WORKER

DIETICIAN

CHILD SUPERVISOR

Language (Other than English): _____

Ever been convicted of a Felony: Yes ___ No ___

Previous Employment or Volunteer Service: _____

Please mail or Fax completed form to:

DISCIPLES CLINIC OF ATHENS

P.O. BOX 1757

ATHENS TX. 75751

PH: 903-677-3604

www.disciplesclinic.org

FAX: 903-677-3605