

## Non-Licensed Volunteer Application

### Helping Hands Health and Wellness Center

The mission of Helping Hands Health and Wellness Center is to be the caring hands of Jesus to provide medical care, health education, counseling and social services to those with needs.

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ OK to call  OK to text

Email: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

Reference (please list 1 reference we can contact):

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Relationship: \_\_\_\_\_

A simple background check may be done; do we have your approval? YES NO

Helping Hands Health and Wellness Center welcomes volunteers on Tuesday mornings & Thursday afternoons/evenings. What positions would you like to volunteer for?

\_\_\_\_ Patient Guide

\_\_\_\_ Fundraising

\_\_\_\_ Administrative

\_\_\_\_ Registration

\_\_\_\_ Social Services

\_\_\_\_ Prayer Team

\*I understand that submitting this application form does not automatically register me as a volunteer at Helping Hands Health & Wellness Center. I understand and agree with the mission statement above. I attest that the information provided on this form is true and accurate.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Today's Date

Please email this completed application and the reasons you want to volunteer to: [asmith@helpinghandsfreeclinic.org](mailto:asmith@helpinghandsfreeclinic.org)