

Student 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: _____

Anticipated Graduation Date: _____ Degree/Major: _____

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

____ Registration

____ Fundraising

____ Nursing

____ Pharmacy

____ Administrative

____ Scribe

____ 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