



## VOLUNTEER PROFILE & APPLICATION

462 Chardon St., Painesville, Ohio 44077  
Tel 440-352-8686 Fax 440-352-8107  
www.lakefreeclinic.org

If you are interested in volunteering with Lake County Free Clinic, complete all pages to the best of your ability and submit it to the LCFC office or email a copy to volunteer services at [dlocher@lakefreeclinic.org](mailto:dlocher@lakefreeclinic.org). After it is received, we will contact you to discuss available opportunities and requirements.

Today's Date \_\_\_\_\_  
Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Maiden Name (if applicable) \_\_\_\_\_  
Street Address \_\_\_\_\_  
City/State/ Zip Code \_\_\_\_\_  
Phone #s - Home \_\_\_\_\_ Cell \_\_\_\_\_  
Email \_\_\_\_\_  
Best way(s) to Contact you? *Circle:* Home Phone      Cell Phone      Email  
Social Security # \_\_\_\_\_  
Gender (this is fashioned after Guidestar's questions) *Circle:* Male    Female    Non-Binary    Decline to state

### Whom may we contact in the case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### VOLUNTEER/WORK EXPERIENCE

*Please list, starting with most recent:*

Position/Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Supervisor name \_\_\_\_\_ Supervisor contact info \_\_\_\_\_  
Is this a current or former role? *Check:*  
\_\_\_\_\_ Current \_\_\_\_\_ Former; Dates (From/ To) \_\_\_\_\_ / \_\_\_\_\_

Position/Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Supervisor name \_\_\_\_\_ Supervisor contact info \_\_\_\_\_  
Is this a current or former role? *Check:*  
\_\_\_\_\_ Current \_\_\_\_\_ Former; Dates (From/ To) \_\_\_\_\_ / \_\_\_\_\_

Position/Title \_\_\_\_\_ Company Name \_\_\_\_\_  
Supervisor name \_\_\_\_\_ Supervisor contact info \_\_\_\_\_  
Is this a current or former role? *Check:*  
\_\_\_\_\_ Current \_\_\_\_\_ Former; Dates (From/ To) \_\_\_\_\_ / \_\_\_\_\_

**What volunteer position(s) are you interested in?**

**What length of time you are prepared to commit to LCFC? (We ask that volunteers commit to at least one year)**

Day                      Week                      Month                      Several Months                      More than a year

**How often are you interested in coming to volunteer at or for LCFC?**

Weekly                      Bi-Weekly                      Once a month                      3-4 times a year

**When are you available to volunteer? Please list days of week and timeframes that you are available - Mornings (8am-12pm), Afternoon (1-4pm) or Evenings (After 4pm).**

---

---

**When are you available to begin volunteering?**

---

---

**How did you hear about this volunteer opportunity?**

---

---

**Why do you want to volunteer at LCFC?**

---

---

**What concerns or questions would you have about volunteering at LCFC?**

---

---

**What most interests you about volunteering with us? What least interests you?**

---

---

---

**Is there anything else you'd like us to share about past experiences, interests, hobbies etc.?**

---

---

---

**ADDITIONAL INFO**

**Licenses & Certifications:**

Type of License/Certification \_\_\_\_\_

Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Credential Agency Name \_\_\_\_\_

Type of License/Certification \_\_\_\_\_  
Number \_\_\_\_\_ Exp Date \_\_\_\_\_  
Credential Agency Name \_\_\_\_\_

CPR Certification number \_\_\_\_\_ Exp Date \_\_\_\_\_

**Health Requirements:**

HepB Vaccination date \_\_\_\_\_ TB Test date \_\_\_\_\_

**Physicians/Dentists, Nurse Practitioners only:**

DEA # \_\_\_\_\_ Exp Date \_\_\_\_\_  
NPI # \_\_\_\_\_ UPIN # \_\_\_\_\_

**REFERENCES**

*Please provide one professional reference whom we may contact:*

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Length of Relationship \_\_\_\_\_

*Please provide one personal reference whom we may contact:*

Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_ Length of Relationship \_\_\_\_\_

**CONVICTION HISTORY**

Have you ever been arrested or charged with a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes - *If yes, please explain:*

\_\_\_\_\_  
\_\_\_\_\_

*I certify that information contained in this application is true and complete. I understand that false information may be grounds for dismissal or for immediate termination of volunteer service at any point in the future if I am accepted as a volunteer. I authorize the verification of any or all information listed above.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_