



**Clínica Esperanza/ Hope Clinic**  
60 Valley Street, Suite 104  
Providence, RI 02909  
[www.aplacetobehealthy.org](http://www.aplacetobehealthy.org)

**Volunteer Application Form (Non-Provider)**

**Date:** \_\_\_\_\_

Clínica Esperanza/Hope Clinic's mission is to provide primary health care and preventive health services to adults living in Rhode Island who do not have health insurance or cannot afford to purchase health care. The majority of our clients do not speak English as a first language; therefore, we emphasize linguistically competent, culturally attuned care.

Approval Signature: Morgan Leonard, Executive Director

**All information must be completed. Please include area codes for ALL phone numbers. Please fill out the form, include your name and the date in the file name and email it to [VCoordinator@aplacetobehealthy.org](mailto:VCoordinator@aplacetobehealthy.org) along with all other materials. A full list can be found [here](#).**

**PERSONAL INFORMATION**

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Preferred Pronouns:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Preferred Name:** \_\_\_\_\_

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

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Alternate email/contact information:** \_\_\_\_\_

**EMERGENCY CONTACTS**

**Contact #1**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact #2**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Contact #3**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



## EDUCATION

### HIGH SCHOOL

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_

Graduated?  Yes  No Current Grade (if applicable): \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

### UNDERGRADUATE

Name of College/University: \_\_\_\_\_ Location: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Other programs (if applicable): \_\_\_\_\_

Last year completed: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> Other: \_\_\_\_\_

Current Year: \_\_\_\_\_

Graduated?  Yes  No Year of Graduation: \_\_\_\_\_

### GRADUATE (*if applicable*)

Name of Graduate School: \_\_\_\_\_ Location: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Last year completed: 1<sup>st</sup> 2<sup>nd</sup> Other: \_\_\_\_\_

Current Year: \_\_\_\_\_

Graduated?  Yes  No Year of Graduation: \_\_\_\_\_

Please list any other specialty education or training you may have received and any other specialized skills you have. Be sure to include all dates (if applicable)

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## EMPLOYMENT HISTORY

Please list newest to oldest. If you still work at any employer listed below, please write "Present" in the "End Date" space.

**Employer Name (Company):** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Type of Employment:  Full-time  Part-time  
Start Date End Date

**Employer Name (Company):** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Type of Employment:  Full-time  Part-time  
Start Date End Date

**Employer Name (Company):** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Business Phone #:** \_\_\_\_\_

Dates Worked: \_\_\_\_\_ to \_\_\_\_\_ Type of Employment:  Full-time  Part-time  
Start Date End Date

## REFERENCES

Please list business, professional, or counselor/teacher references of individuals who are not related to you. CEHC may contact these individuals during the application process.

### Reference #1

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Company Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Extension (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Reference #2

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Company Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Extension (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

### Reference #3 (optional)

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Organization/Company Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Extension (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_



**Please answer the following questions:**

Are you volunteering for a course, program, or community organization?  Yes  No

If **YES**, how long do you plan to volunteer? \_\_\_\_\_

Name of course/program/organization: \_\_\_\_\_

Location: \_\_\_\_\_

Is there someone we can contact at the school, program, or community organization?

Yes  No

If **YES**, please include their contact information below.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Extension (if applicable):** \_\_\_\_\_

**Email:** \_\_\_\_\_

Do you speak any languages besides English?  Yes  No

If **YES**, please list the language(s) and level of proficiency:

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Please list any other volunteer experience you have. **Please include dates!**

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Please list any special skills, interests, and/or other hobbies:

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## VOLUNTEER QUESTIONS

How did you hear of our volunteer program?

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Why do you wish to volunteer?

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What do you expect or want from this experience?

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What type of volunteer work are you interested in?

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Have you ever been convicted of a felony?  Yes  No

If **YES**, explain,

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I understand that my volunteer work is contingent upon my completing of a communicable disease Health Record and obtaining a PPD Test (Tuberculin Tine Test) and a background check.

I agree to maintain strict patient confidentiality in my position as a volunteer.

I understand that any false statements, concealment or withholding of information on this application or in any aspect of the application process is sufficient cause for withdrawing an offer to participate in the volunteer program or dismissal if I am already placed in a volunteer position.

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE:

<b>FOR OFFICE USE ONLY:</b>			
<i>Placement:</i>		<i>Supervisor:</i>	
<i>Assigned Day (s):</i>	<i>Assigned Hours:</i>	<i>Orientation Date:</i>	
<i>Training Date:</i>	<i>START DATE:</i>	<i>TERMINATION DATE:</i>	
<i>Interview Initials:</i>			
<i>Immunization:</i>			
<i>PPD Test</i>	<i>MMR</i>	<i>Varicella</i>	<i>Hep B</i>
<i>Date:</i>	<i>Date:</i>	<i>Date:</i>	