



C-ASIST FREE FAMILY HEALTH CLINIC

FREE WELLNESS AND MENTAL HEALTH CLINIC

STUDENT VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____
Last *First* *MI*

Address: _____
Street *City* *State* *Zip*

Phone: _____ (Home) _____ (Cell) _____ (Other)

Email Address: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Affiliations (clubs, service organizations, etc.)

College/University attended or attending: _____ Class Level: _____

Date of Graduation or Expected Year of Graduation: ___/___/___

What is your current status? Full-time student Part-time Student

Planning on Applying to Professional School: Yes No

If yes, what profession: _____

If yes, Application Date: ___/___/___

Pertinent health field experiences (past/present):

List any Special Skills or Certifications:

If referred by another Volunteer, who? _____

Why do you want to Volunteer?

Languages Spoken:

Arabic English Spanish French

Have you ever been convicted of or plead guilty to any crime(s) other than minor traffic violations?

Yes No If yes, please explain: _____

VOLUNTEERING INFORMATION

Which of the following best describes you?

Medical Student	<input type="checkbox"/>	PA Student	<input type="checkbox"/>
Dental school Student	<input type="checkbox"/>	Nursing Student	<input type="checkbox"/>
Pharmacy Student	<input type="checkbox"/>	Social Work Student	<input type="checkbox"/>
Public Health Student	<input type="checkbox"/>	Other ()	<input type="checkbox"/>

ADDITIONAL INFORMATION

- Please include a copy of current identification card (Driver's License/Government ID). These are kept on file for insurance/auditing purposes.

VOLUNTEER AGREEMENT CONTRACT (PLEASE CHECK ALL)

- As a condition of volunteering, I give permission to the C-ASIST Free Family Health Clinic to conduct a background check
- I hereby release and agree to hold harmless from liability the C-ASIST Free Family Health Clinic, the employees and volunteers hereof; or any other person at the clinic for any circumstances that may arise as a consequence of my volunteering on any particular day or time
- I understand that the C-ASIST Free Family Health Clinic is not obligated to appoint me to a volunteer position
- I understand that the C-ASIST Free Family Health Clinic may request a face-to-face or phone interview prior to appointing me to a volunteer position
- If appointed, I understand that I am subject to suspension and removal for violation of C-ASIST Free Family Health Clinic policies and procedures.

Full Legal Signature

Date

Please scan and e-mail completed application and all supporting documents to:
Zberry@c-asist.org

Or mail application to:
C-ASIST
24513 Ford Rd
Dearborn, Mi 48128

For any questions please call C-ASIST Free Family Health Clinic at **-313-670-9943**

Disclaimer: C-ASIST Free Family Health Clinic will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.