

Volunteer Application

Harmony Health Clinic - 201 East Roosevelt Road, Little Rock, AR 72206

Contact Information

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ ZIP _____

Home Phone Number _____

Cell Phone Number _____

Work Phone Number _____

E-mail Address _____

Education

Undergraduate School: _____

Nursing/Tech/Med School:

Specialty:

Volunteer Activity Desired at Harmony Medical Clinic

Physician _____ Computer Support _____ Physician Asst. _____

Translator (Spanish) _____ Nurse Practitioner _____ Front Desk/Reception _____

Nurse _____ Eligibility Screener _____ Pharmacist _____ Dentist _____

Fundraising/Special Events _____ Pharmacy Tech _____ Greeter _____

Mental Health/MSW _____ Phlebotomist _____ Dental Hygienist _____

Dental Assistant _____ Other _____

Please circle ALL the following shifts that you might be available:

Monday Tuesday Wednesday Thursday Friday Saturday

Mornings (8:00-12:00) Afternoons 12:00-5:00 Evenings 5:00-9:00

Circle Desired Frequency:

As needed (anytime) One shift per week Two shifts per month

One shift per month Other _____

Other

Do you have health limitations that might affect the work you do at Harmony Medical Clinic? _____ Please explain.

In an emergency, please contact:

Name: _____

Relationship: _____

Phone Numbers: _____

Please list three personal references and contact information:

Name _____

Mailing Address _____

Phone Number(s) _____

Email Address _____

Name _____

Mailing Address _____

Phone Number(s) _____

Email Address _____

Name _____

Mailing Address _____

Phone Number(s) _____

Email Address _____

Please mail the application to the following address:

201 East Roosevelt Road, Little Rock, AR. 72206 or return to Harmony Health Clinic

If you have any questions or enquiries, please call 501-375-4400.