## NIH Clinical Center Volunteer Application – please print or type

NAME: (La	ast)	(First)		(MI)		
TITLE: Dr.	☐ Mr. ☐ Mrs. ☐ N	Miss Ms. E-Mai	il Address: _			
STREET AI	DDRESS:					
CITY:	S	STATE:	ZIP	:		
PHONE:	Home () School ()	Work Cell	( <u>     )</u> ( <u>     )</u>			
BIRTH DAT	ΓE:					
Patient Amba Outpatient Cl	linics Day Hospi	nterpreter Family Fri		ity-type Inpatient Units Computer/Data Spe	cial Projects	
HOURS AV	AILABLE/WANTI	ED: <u>DAY</u>		HOURS AVAILABLI	<u>E</u>	
Number of da	ays per week:	Monda	ay			
Hours per day:		Tuesda	ay			
Start Date:		Wedne	esday			
		Thursday				
		Friday				
		Saturd	ay			
		Sunda	y			
WORK EXI	PERIENCE: (Paid o	or volunteer; list curre	ent or most rec	ent job first.)		
Current Stat	tus (Circle one)	Retired Unemployed	l Employed	Student		
1. Job Title			Dates			
Company Na	me					
Supervisor _	Supervisor Phone					
Duties						
Reason for L	eaving					
2. Job Title	,		Dates			
Company Na	me					
Supervisor _	pervisor Phone					
Duties						
3. Other Job	s/Experience:					
3. Other Job	s/Experience:					

LANGUAGES SPOKEN: (Circle) English French Spanish Italian Other:	olete the reference form	please provide two people not related <u>Phone</u>	REFERENCES (plea Name
ANGUAGES SPOKEN: (Circle) English French Spanish Italian Other:			
ANGUAGES SPOKEN: (Circle) English French Spanish Italian Other:			•
SKILLS/HOBBIES: (Circle all that apply) Data Entry Word Processing/Typing Filing Organizing Telephone Other: WHY DO YOU WANT TO VOLUNTEER? (Check all that apply) Retired		_	
Data Entry Word Processing/Typing Filing Organizing Telephone of ther:		OKEN: (Circle) English French S	ANGUAGES SPOK
Data Entry Word Processing/Typing Filing Organizing Telephone Other:		S: (Circle all that apply)	SKILLS/HOBBIES:
Retired		rd Processing/Typing Filing Org	Data Entry Word Pr
Currently enrolled? Yes No Last Grade Completed: 8 9 10 11 12 College: Fr. Name of High School		ence School Requirement Giv	Retired  Experience
Name of High School			
Name of College	ge: Fr So Jr Sr	Yes No Last Grade Completed	Currently enrolled? Ye
Degree/Major(s) Other Training  HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT THE NIH? Employee (Name) Church Bulletin Advertisement	No	ool	Name of High School
Degree/Major(s) Other Training  HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT THE NIH? Employee (Name) Church Bulletin Advertisement	No		Name of College
HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT THE NIH? Employee (Name) Church Bulletin Advertisement   Volunteer Organization (Name) Red Cross   Volunteer (Name) Other (Specify)  HAVE YOU EVER VOLUNTEERED AT THE NIH? Yes No   Year(s) Name (if different)   Area(s) Name (if different)   WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Yes No   EMERGENCY CONTACT:   Name Relationship   Home Phone ( ) Work/Cell ( )    HEALTH SURVEY   Date of last TB Skin Test Reaction: Negative (no reaction) Per Check those that apply to you and elaborate, if needed Back Problems Blind			
HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT THE NIH?  Employee (Name) Church Bulletin Advertisement			O(1 T ! !
HAVE YOU EVER VOLUNTEERED AT THE NIH?  Yes No Year(s) Name (if different) Area(s) Name (if different)  WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Yes No  EMERGENCY CONTACT: Name Relationship Home Phone ( ) Work/Cell ( )  HEALTH SURVEY Date of last TB Skin Test Reaction: Negative (no reaction) Po  Check those that apply to you and elaborate, if needed.  Back Problems Blind Diabetic Epilepsy Hearing Impaired Mental Health Tuberculosis (TB) Other (Specify)  I verify the information on this application is correct.		Church	Employee (Name)
Area(s) Name (if different) Area(s) No	cify)		Volunteer (Name)
WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Yes No  EMERGENCY CONTACT: Name Relationship Work/Cell ( )  HEALTH SURVEY Date of last TB Skin Test Reaction: Negative (no reaction) Potential Proceedings of the Problems Blind Diabetic Epilepsy Hearing Impaired Mental Health Tuberculosis (TB) Other (Specify)  I verify the information on this application is correct.  Signature of Applicant and Date		R VOLUNTEERED AT THE NIH?	HAVE YOU EVER V
WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Yes No  EMERGENCY CONTACT: Name Relationship Home Phone ( ) Work/Cell ( )  HEALTH SURVEY Date of last TB Skin Test Reaction: Negative (no reaction) Poon Check those that apply to you and elaborate, if needed.  Back Problems Blind Diabetic Epilepsy Hearing Impaired Mental Health Tuberculosis (TB) Other (Specify)  I verify the information on this application is correct.			
Name		K YOUR VEHICLE AT THE HOS	
Home Phone ( ) Work/Cell ( )  HEALTH SURVEY  Date of last TB Skin Test Reaction:  Negative (no reaction)  Post Check those that apply to you and elaborate, if needed.  Back Problems  Blind Diabetic  Epilepsy Hearing Impaired  Mental Health Tuberculosis (TB) Other (Specify)  I verify the information on this application is correct.	·		EMERGENCY CON
HEALTH SURVEY  Date of last TB Skin Test Reaction: Negative (no reaction) Positive (		<del></del>	
Date of last TB Skin Test Reaction:  Negative (no reaction)  Potential Potential Potential Potential Potential Potential Reaction:  Negative (no reaction)  Potential Pot			.iome rnone ( )
Signature of Applicant and Date	Positive (swollen, re	in Test Reaction: Neopply to you and elaborate, if needed. ems paired	Date of last TB Skin T  Check those that apply  Back Problems Diabetic Hearing Impair
Signature of Applicant and Date		ation on this application is correct.	I verify the information
		nt and Data	Signature of Applicant
		u ana Date	ngnature of Applicant at
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