



Patient Support Volunteer Application

(for non-healthcare professionals)

Name: Last		First	Middle
S.S.#		Date of birth (MM/DD/YYYY)	
Phone: business		Home	Cell
Fax.#		E-mail address	
What is your preferred form of communication? (Please number 1-4.)			
		Business phone _____	Home phone _____ Cell phone _____ E-mail _____
Occupation		Employer	
Mailing Address:	Street		
City	State	Zip Code	
Emergency Contact:	Name (First & Last)		Relationship
Daytime phone #		Cell phone #	
Education: (Circle the last year you have completed.)			
High School 9 10 11 12; College 1 2 3 4; Graduate School 1 2; Other _____			
What was your area of study? (i.e. College Major, College Minor, Masters Program, etc)			

Hours of Operation

Monday-Friday 8 am – 5 pm
3rd Saturday of every month 8 am – 2 pm

I would be willing to volunteer: weekly monthly yearly other _____

The most convenient day for me to volunteer is: Monday Tuesday Wednesday Thursday Friday Saturday

The most convenient hours for me would be: morning afternoon

How did you hear about San José Clinic? San José Clinic volunteer San José Clinic website
 San José Clinic employee church friend advertisement other _____

Volunteer Opportunities

Please check the areas where you would like to serve.

1) Direct patient care (Medical and/or Dental) <input type="checkbox"/> Working directly with patients <input type="checkbox"/> Working directly with staff <input type="checkbox"/> Assist patients with accessing social services
2) Clerical <input type="checkbox"/> Registration and general administrative duties <input type="checkbox"/> Short-term project(s) (filing, mailings, etc.)
3) Building maintenance <input type="checkbox"/> Computers <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing or Carpentry
4) Development <input type="checkbox"/> Volunteer recruitment <input type="checkbox"/> Assist with special projects (updating database, developing outreach materials, etc.)
5) Art with Heart fundraiser (held in April or May) <input type="checkbox"/> Assist with organizing the event <input type="checkbox"/> Assist with setting-up and working the event
6) Back to School (held in early August) <input type="checkbox"/> Assist with setting-up and working the event
7) Children's Christmas Party (mid-December) <input type="checkbox"/> Host a toy drive at your office, church, etc. <input type="checkbox"/> Assist with sorting and distributing toys <input type="checkbox"/> Volunteer/work at the party

Demographic Information (Optional)

Applicant's name: _____

Date: _____

San José Clinic is a 501(3)(c) non-profit corporation that is part of the Archdiocese of Galveston-Houston. The Clinic is responsible for raising its own budgetary funds. San José Clinic receives support from United Way of Great Houston, private foundations and individuals. To assist San José Clinic with identifying possible funding and volunteer recruitment sources, please complete the following section. Disclosure of this information is voluntary.

Place of employment: _____

Job title: _____

Spouse's employer (if applicable): _____

Does your employer support any philanthropy with funding, time donations, etc? Yes No

Does your employer sponsor an "Employer Matching Gifts Program"? Yes No

Church/Synagogue affiliation: _____

Does your organization have a mission/outreach/giving program? Yes No

Please list other organizations with which you or your spouse are involved: _____

Civic club organizations (please specify for you and/or your spouse): _____

Fraternal organizations (please specify for you and/or your spouse): _____

Social organizations (please specify for you and/or your spouse): _____

Professional organizations (please specify for you and/or your spouse): _____

Would you feel comfortable participating in speaking engagements at any of these organizations? Yes No

How did you learn about San José Clinic? If it was through a friend, an employer or a project with a group, please note this.

Thank you. This form will be turned in to the San José Clinic Development Department.