



14230 Hunters Road  
Huntersville, NC 28078  
**Phone:** 704.316.6611  
**Fax:** 704.316.6612

## Volunteer Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you speak Spanish?    Yes    No

Phone Number: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, and Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Volunteer Position:    Office    Triage    Provider    Interpretation    Special Event

Education: \_\_\_\_\_

**Reason for Volunteering:**

**Relevant Work/Volunteer Experience:**

**Availability** (check one or more):

Day:	Monday	Tuesday	Thursday	Friday	Wednesday	
Shift:	8 am-12 pm	1-4 pm			11:30 am-3:30 pm	4-7:30 pm

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach the following documents:**

**Required:**

1. Hep B immunization records
2. Government issued photo ID
3. TB skin test within past 2 years

**If applicable:**

1. Licensure/Registration
2. Board Certification
3. Life Support Training
4. Resume/CV with Education and Training
5. Drug Enforcement Administration Registration
6. Hospital Admitting Privileges

**To submit:** You can email forms and other documentation to [info@cookcommunityclinic.org](mailto:info@cookcommunityclinic.org), or hand deliver to 14230 Hunters Road, Huntersville, NC 28078.