



Flagler County  
Free Clinic

## VOLUNTEER INTEREST FORM

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

EMPLOYMENT HISTORY: Present \_\_\_\_\_

Past \_\_\_\_\_

EDUCATION HISTORY \_\_\_\_\_

PAST VOLUNTEER EXPERIENCES: \_\_\_\_\_

INTERESTS: \_\_\_\_\_

SKILLS/TALENTS: \_\_\_\_\_

AVAILABILITY: MON TUES WEDS THURS FRI SAT (circle choice)

TIMES AVAILABLE: 9AM – 12 NOON 12 NOON – 3 PM 3 PM – 6 PM (circle choice)

ALTERNATE TIME YOU ARE AVAILABLE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

\_\_\_\_\_

REFERENCE NAMES AND CONTACT INFORMATION

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

PLEASE LIST ANY OTHER INFORMATION BELOW THAT YOU FEEL WOULD BE OF IMPORTANCE:

RETURN TO FCFC BY:

MAIL: PO Box 863, 703 Moody Blvd., Bunnell, FL 32110

EMAIL: [volappsfcfc@cfl.rr.com](mailto:volappsfcfc@cfl.rr.com)

IN PERSON: At above address (directly across the street from the Bunnell Post Office)

Date of meeting with Director, Terri Belletto \_\_\_\_\_

Volunteer Schedule: \_\_\_\_\_

Scheduled Orientation Date: \_\_\_\_\_