

# NET HEALTH

NORTHEAST TEXAS PUBLIC HEALTH DISTRICT

P.O. BOX 2039 • TYLER, TX 75710

## VOLUNTEER APPLICATION FORM

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NONDISCRIMINATION IN EMPLOYMENT ON ANY BASIS INCLUDING RACE, COLOR, AGE, SEX, RELIGION, DISABILITY OR NATIONAL ORIGIN.

### PERSONAL INFORMATION:

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

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

HOME PHONE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

### DEPARTMENT IN WHICH YOU WISH TO VOLUNTEER:

- |  |   |
|--|---|
| <input type="checkbox"/> ENVIRONMENTAL HEALTH (food/other inspections) | <input type="checkbox"/> WIC                      |
| <input type="checkbox"/> NURSING SERVICES (Immunizations)              | <input type="checkbox"/> VITAL STATISTICS         |
| <input type="checkbox"/> LABORATORY                                    | <input type="checkbox"/> ANY DEPARTMENT AS NEEDED |
| <input type="checkbox"/> ADMINISTRATION                                |   |

### INDICATE THE DAYS AND TIMES YOU WISH TO VOLUNTEER:

- |   |  |
|---|--|
| <input type="checkbox"/> MONDAY / TIME: _____ TO _____    | <input type="checkbox"/> THURSDAY / TIME: _____ TO _____ |
| <input type="checkbox"/> TUESDAY / TIME: _____ TO _____   | <input type="checkbox"/> FRIDAY / TIME: _____ TO _____   |
| <input type="checkbox"/> WEDNESDAY / TIME: _____ TO _____ |  |

### EDUCATION:

HIGH SCHOOL ATTENDED AND LOCATION: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Did You Graduate? YES  NO

COLLEGE ATTENDED AND LOCATION: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Did You Graduate? YES  NO  Degree: \_\_\_\_\_

TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL ATTENDED: \_\_\_\_\_

No. of Years Completed: \_\_\_\_\_ Did You Graduate? YES  NO

SPECIAL COURSES OR TRAINING: \_\_\_\_\_

EXPERIENCE/SKILLS RELATED TO THE DEPARTMENT FOR WHICH YOU WISH TO VOLUNTEER: \_\_\_\_\_

### WHY DO YOU WISH TO VOLUNTEER FOR OUR AGENCY?

INDICATE YOUR GENERAL AREA OF INTEREST (Clerical, Clinical, Etc., or Any Area As Needed): \_\_\_\_\_

IS YOUR REQUEST TO VOLUNTEER REQUIRED FOR SCHOOL? YES  NO  IF SO, HOW MANY HOURS ARE NEEDED? \_\_\_\_\_

ALL REQUESTS TO VOLUNTEER MUST BE APPROVED BY OUR EXECUTIVE DIRECTOR AND THE DEPARTMENT HEAD PRIOR TO ANY WORK BEING PERFORMED.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT:

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