



340 Main Street, Johnstown, PA 15901 • 814.534.6242 • 814.534.6731 Fax

VOLUNTEER APPLICATION INFORMATION SHEET

Please fill this form to help us learn how and where to contact you, and a little about your background.

Full Name: _____ Preferred Name/Nickname: _____

Employer: _____ Position: _____

Home or Work Address (use the address where you want information sent): _____

Work Phone: _____ Cell: _____

Home Phone: _____ E-Mail: _____

The best way to get in touch with me is: Mail Work Cell Home E-mail

****All information contained in this Volunteer Application is confidential, and will not be shared with anyone other than the JFMC staff without your consent****

Have you volunteered at other organizations? If so, what other organizations? _____

What are your interests and hobbies: _____

How do you see your background, professional or personal, being able to benefit the JFMC? _____

If you will be volunteering in your professional capacity, do you carry professional liability or malpractice insurance? yes
 no n/a (for some volunteer positions, we may need to photocopy your card)

I am interested in volunteering as a: clerical assistant nurse pharmacist physician
 receptionist special events/fundraisers social worker nurse practitioner

Please note any medical concerns and allergies that we should know about in case of an emergency? (i.e. heart condition, diabetes, allergy to aspirin, bee stings, ect.) _____

In case of emergency, who should we contact? (Name) _____
(Phone #) _____ (Relationship) _____

Please note any additional comments or information you think might be useful on the back of this sheet. If you will be volunteering in a medical capacity, please attach a copy of your professional license.

Thank You!