

**NIH Clinical Center Volunteer Application (Please print or type)**

**NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

**TITLE:** Dr.  Mr.  Mrs.  Miss  Ms.  **Email Address:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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**PREFERRED WORK AREA (Circle):** Patient Ambassador    Language Interpreter    Hospitality  
Admissions    Special Projects    Inpatient Units    Outpatient Clinics    Day Hospitals  
Other    Summer Only    Pre-Assigned (*Please write in*) \_\_\_\_\_

<b>AVAILABILITY:</b>	<b><u>DAY</u></b>	<b><u>HOURS AVAILABLE</u></b>
Number of Days per Week: _____	Monday	_____
Hours per Day: _____	Tuesday	_____
Start Date: _____	Wednesday	_____
	Thursday	_____
	Friday	_____

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**WORK EXPERIENCE: (Paid or volunteer; list current or most recent job first.)**

**Current Status (Circle one)** Retired    Unemployed    Employed    Student

**1. Job Title** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**2. Job Title** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Duties:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

**3. Other Jobs/Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES (Please provide the names and contact information of two individuals who will complete the reference form on your behalf. Note: your references cannot be related to you):**

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
1.	_____	_____	_____
2.	_____	_____	_____

**LANGUAGES SPOKEN:** (*Circle*) English French Spanish Italian Other: \_\_\_\_\_

**SKILLS:** (*Circle all that apply*)  
Data Entry Word Processing/Typing Filing Organizing Other: \_\_\_\_\_

**ESSAY (REQUIRED):**

Please attach a separate Word document and share why you want to volunteer at the NIH Clinical Center. Be as specific as possible and include skills you possess that would benefit the NIH Clinical Center. Also include information about your ideal volunteer position. Your essay should be no more than 500 words.

**EDUCATION:**

Currently enrolled? Yes  No  Last Grade Completed: 8 9 10 11 12 College: Fr So Jr Sr

Name of High School \_\_\_\_\_ Graduated: (*Circle*) Yes No

Name of College \_\_\_\_\_ Graduated: (*Circle*) Yes No

Degree/Major(s) \_\_\_\_\_ Other Training \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT VOLUNTEERING AT THE NIH?**

Name of Employee or Volunteer \_\_\_\_\_ CC Website

Volunteer Organization Name \_\_\_\_\_ Red Cross

Other (*Specify*) \_\_\_\_\_

**HAVE YOU EVER VOLUNTEERED AT THE NIH?**

Year(s) \_\_\_\_\_ Yes No  
Name (*if different*) \_\_\_\_\_

Area(s) \_\_\_\_\_

**WILL YOU PARK YOUR VEHICLE AT THE HOSPITAL? Please circle Yes No**

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

**HEALTH SURVEY**

Date of last TB Skin Test \_\_\_\_\_ Reaction:  Negative (no reaction)  Positive (swollen, red)

Have you received a current flu shot? *Please circle*      Yes      No

Have you received a measles vaccination? *Please circle*      Yes      No

*Check all that apply to you and elaborate, if needed:*

- |  |   |
|--|---|
| <input type="checkbox"/> Back Problems     | <input type="checkbox"/> Blind                          |
| <input type="checkbox"/> Diabetic          | <input type="checkbox"/> Epilepsy                       |
| <input type="checkbox"/> Hearing Impaired  | <input type="checkbox"/> Mental Health                  |
| <input type="checkbox"/> Tuberculosis (TB) | <input type="checkbox"/> Other ( <i>Specify</i> ) _____ |

Additional information: \_\_\_\_\_

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**I verify the information provided in this application is accurate:**

Applicant Name (Print): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

**Parent/Guardian of Applicants Who are under 18 Years of Age:**

Parent/Guardian (Print): \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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