

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: _____