



Lestonnac Free Clinic

1215 E. Chapman Ave., Orange CA 92866
Tel: (714) 633-4600 Fax: (714) 633-1412

LIKE US ON FACEBOOK
click LIKE to live inspired with
us on FACEBOOK everyday.

VOLUNTEER APPLICATION

Date: _____

Full Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ E-Mail: _____

In case of Emergency, contact: _____

Position Applied For: _____

Special Area of Interest: _____

Days Available to Work: Mon Tue Wed Thu Fri Sat

Clinic Location: Orange Los Alamitos Stanton Tustin Riverside Yorba Linda

Hours Available to work: _____

Discribe your past experience working in the medical field: _____

I certify that my answers are true and complete to the best of my knowledge.

I understand that I am not an employee of Lestonnac Free Clinic, and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by Lestonnac Free Clinic for my assigned work duties. I also understand that it is my responsibility to update any changes to the information on this form.

Signature

Date