



GRANT PARK CLINIC  
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### VOLUNTEER INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_ FLUENT SPANISH? \_\_\_\_\_ FLUENT OTHER? (WHICH) \_\_\_\_\_

DATE(S) AVAILABLE \_\_\_\_\_

DAYS/HOURS PREFERENCE \_\_\_\_\_

EMPLOYMENT AND EDUCATIONAL BACKGROUND (OR ATTACH RESUME) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSONAL AND PROFESSIONAL REFERENCES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT DO YOU WANT TO DO SPECIFICALLY?

\_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER WITH US? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY \_\_\_\_\_

\_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_