



**HANOVER AREA COUNCIL OF CHURCHES
MEDICAL CLINIC
VOLUNTEER APPLICATION**

138 Carlisle Street Hanover, PA 17331
(717) 633-6353 Fax (717) 633-1992

Name: _____

Date: _____

Address: _____ City/State/Zip _____

Phone (Home) _____ (Work) _____ (OK to call?) Y N (Cell) _____

Email _____

Previous volunteer work experience:

Current employer and job description:

Previous Work Experience:

How often would you like to volunteer? Weekly Monthly Other

When are you available to start? _____

Please fill in other times you are available:

Time Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						