



Doctors At Reach

VOLUNTEER INFORMATION FORM

Please print legibly.

SECTION 1

VOLUNTEER INFORMATION			
LAST NAME:		FIRST NAME:	
PRIMARY PHONE NUMBER:	TEXT (YES OR NO):	PRIMARY EMAIL:	AGE:
HOME ADDRESS: (Number and Street, and/or P.O. BOX No.) (City, State, and ZIP Code)		UNIVERSITY NAME:	
		MAJOR:	
		FRESHMAN, SOPHOMORE, JUNIOR, SENIOR, GRADUATED?:	
CHECK PREFERENCE:			
<input type="checkbox"/>	Senior Diplomat: Primary speaker for classroom	<input type="checkbox"/>	Administrative/Recruiting
<input type="checkbox"/>	Diplomat: Assist events with minimal speaking	<input type="checkbox"/>	Technology/Logistics
<input type="checkbox"/>	Other: _____		

SECTION 2

In an effort to help us improve our operation, please fill in the following chart.

GENERAL QUESTIONS
How did you hear about us?
What are some ways we can improve exposure?
Do you have any special skills?

SECTION 3

Complete this section to help us plan our schedules and make it easier on you.

AVAILABILITY			
Hours Per Week?	Days Available:	Do you Drive?	City Preference?

I hereby certify that all of the information above is complete and accurate to the best of my knowledge.

Name (Print)

Signature

Date

MANAGER ONLY	
SIGNATURE:	DATE:
Imputed by:	
Approved by:	