

Dakota Hope Clinic

Volunteer Application for Client Advocate or Child-Care Provider

(Please Print)

Your Information

Name _____ Date of Application _____

Home Phone _____ Cell Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Date of Birth _____

Name of Church _____

Address and/or City of Church _____

Tell us about yourself: (faith, education, work and volunteer experience, family, hobbies, interests, special skills, past experiences):

(continue on back or another page if more space is needed)

Why are you interested in volunteering at Dakota Hope Clinic?

(continue on back or another page if more space is needed)

Volunteer Opportunities That Interest You

_____ **Male Client Advocate** – would work in clinic with male clients. Special training required.

_____ **Female Client Advocate** – would work in clinic with female clients. Special training required

_____ **Drop-In Child Care Provider** – for parents attending Earn While You Learn or other appointment

Availability:

Please comment on when and how much you would be able to volunteer: Note that currently we have Clinic hours on Tues. – Thurs., so that would be the most urgent times we need volunteer advocates and child-care providers. However, we hope to open on Mondays also soon and we may want to offer some off-hour opportunities to the Earn While You Learn clients as needed. If you would be available on a Monday, Friday or Saturday, or on an evening, please indicate that.

Once per week _____ No, less often – describe _____ occasional- I am a full-time student and have my child

Day of Week	Hours Available
Monday	
Tuesday Clinic hrs: 10 am – 7 pm	
Wednesday Clinic hrs: 8:30 am – 4:30 pm	
Thursday Clinic hrs: 8:30 am – 4:30 pm	
Friday	
Saturday	

Other comments on availability:

Please list character references:

Name	Address	Phone Number

Signature:

Completing this form does not indicate there is an available position and does not obligate Dakota Hope Clinic to utilize me as a volunteer.

Signature of Applicant

Date

Return completed application to Dakota Hope Clinic, 315 Main St. S., Suite 205, Minot, ND 58701 or email to reception@dakotahope.org For questions, call 701-852-4675.

For Office use only: Date application received _____