



SHIFA CLINIC – HOUSTON

10415 Synott Road, Bldg D
Sugarland, TX 77498
281-561-5767

SHIFA CLINIC VOLUNTEER APPLICATION

VOLUNTEER DEMOGRAPHICS

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Cell Phone: _____ **Alternate Phone:** _____

E-mail Address: _____

Social Security # or State ID #: _____ **D.O.B:** _____

VOLUNTEER INFORMATION

Time Commitment: _____ **Date Available to Start:** _____

Field in which you have an interest in or would like to volunteer in?

Please list all previous social work or volunteer experience:

Please provide *all* relevant information which may impact your ability to serve as a volunteer, such as drug abuse, neurological/psychological disorders, criminal history, etc.

EMERGENCY CONTACT INFORMATION

Full Name: _____

Address: _____

Primary Phone: _____ **Alternate Phone:** _____

Relationship: _____

I hereby certify that the information I supplied in this application is true, complete and correct to the best of my knowledge and I understand that any information I withheld or falsely provided shall be cause for rejection of this application or termination of volunteer status.

Signature: _____ **Date:** _____

(Typing name in space above constitutes a digital signature by applicant)