



Space Coast Volunteers in Medicine
Volunteer Application

Please complete and turn in to the SCVIM Volunteer Coordinator. You will be contacted soon to discuss placement.
Please print legibly...

Name: _____ Today's Date: _____

Address: _____

Date-of-Birth: _____ eMail: _____

Phone (Home): _____ (Cell): _____

Languages spoken (please circle)? English Spanish Other: _____

Emergency Contact Name: _____ Phone: _____

Church or Ministry Affiliation: _____

What volunteer position(s) are you interested in (if known): _____

If you aren't applying for a particular position, what special gifts / skills do you have that might be helpful?

What day(s) would you be available? (circle all that apply) MON TUES WED THURS

What time(s) of the day would you be available? (circle all that apply) Mornings Afternoons

If you know specific times during the day, list them here: _____

If you know of any date(s) or week(s) that you won't be available, list them here: _____

How soon can you start? _____ How many hours per week can you give? _____

Please tell us anything else about yourself that will help us place you in the right volunteer position _____

Comments or Questions? _____

Application's Signature: _____