



VOLUNTEER APPLICATION

Date _____

Name _____

Phone: (home) _____ (work) _____ (cell) _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Birth date (opt.) _____

Why are you interested in volunteering at Badlands Choice Clinic?

Work and Volunteer Experience:

Church Name: _____

When are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday

Possibly weekends (*church table displays, etc.*)

Morning Afternoon Specific Times: _____

I would like to volunteer at Fundraising Events.

Spring

Summer

Fall

Winter

School Year

What gift or talent would you like to share with us? _____

Please check any of these volunteer areas that might be of interest to you:

Church liaison for my church (or organization)

Distribute posters and brochures where needed.

Prayer Warrior for the clinic

Photographer or do video recording at clinic events

Office Help:

Phoning - example: calling churches for email addresses, info, etc.

Registration at workshops

Upkeep of the baby boutique

Nursing Background:

Assist with health fairs on weekends

Assist with Educational prenatal programs as needed.

Please mail or drop off completed form to:

Badlands Choice Clinic

313 3rd St. W., Dickinson, ND 58601