

## **VOLUNTEER APPLICATION**

This form should be used to register your interest in becoming Inspired Now Networks, Inc. Volunteer. Completed forms should be sent to: **info@inspirednownetworks.org**. Telephone inquiries should be directed to 919-537-5278.

What volunteer opportunity are you interested in:

- General
- Volunteer
- Medical Volunteer
- Internship

Today's Date \_\_\_\_\_

First and Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home/Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Present or previous volunteer experience:

\_\_\_\_\_

How did you hear about the INN, Inc.?

\_\_\_\_\_

Are you completing these volunteer hours for:

- Work
- School
- Community
- Other: \_\_\_\_\_

If yes, please complete the following: Name of Employer or Institution:

\_\_\_\_\_

Requirements of volunteer experience (hours needed, duties, etc.) \_\_\_\_\_

\_\_\_\_\_

Supervisor's Name and telephone number:

\_\_\_\_\_

Area/program of interest:  Wellness Program  Health Fairs  Outreach  Administration  
 Women's Economic Self-Sufficiency Program (Financial literacy & micro-business training)  
 Blood Pressure program

Check all the skills you can provide:  Accounting  Clerical/Administrative  Data Entry  Fundraising   
Health Education  Marketing  Program Development/Implementation

Do you speak a foreign language: \_\_\_\_\_ If yes, what  
language(s): \_\_\_\_\_

If interested in being a Medical Volunteer:

Select any skills you can provide:  Primary Care Physician  Psychiatry  Ob/Gyn Physician  PA  NP   
RN  PA  LPN  MA  Other: \_\_\_\_\_

Are you professionally licensed in the state of North Carolina? \_\_\_\_\_

If yes, please answer the following questions: Professional license  
number: \_\_\_\_\_ (please attach a copy of your professional license, front & back)  
Malpractice carrier (if applicable): \_\_\_\_\_ (please attach a copy of your cover page)

Please indicate the days and time you are available:

Sunday Times: \_\_\_\_\_

Monday Times: \_\_\_\_\_

Tuesday Times: \_\_\_\_\_

Wednesday Times: \_\_\_\_\_

Thursday Times: \_\_\_\_\_

Friday Times: \_\_\_\_\_

Saturday Times: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICIAL USE ONLY Date Received: \_\_\_\_\_ Received

By: \_\_\_\_\_ Date

Acknowledged: \_\_\_\_\_ Database

Entry: \_\_\_\_\_