

2568 Kinard St. – P.O. Box 783
Newberry, South Carolina 29108
Website: www.newberryclinic.org



Phone: 803-276-6665
Fax: 803-276-6667
Email: freemedical@bellsouth.net

Volunteer Application

SECTION A

Date _____		
Last Name	First Name	Middle Initial
Street Address		City, State, Zip Code
E-mail	Telephone	Fax
Date of Birth: / / Mo/Date/Year	Soc. Sec. #: - - - - - - -	Sex: <input type="checkbox"/> M <input type="checkbox"/> F

SECTION B

Work Experience: _____

Volunteer Experience: _____

I would like to volunteer in: (Please check all that apply)

Accounting Administration Medical Records Medical Staff Publicity and Public Relations

Reception and Greeting Translator Other _____

Indicate what computer programs you are proficient in: _____

Indicate any special skills you have: _____

I can work: _____

ADMINISTRATIVE HOURS

Monday 9:30 a.m. – 12 noon
Tuesday 9:30 a.m. – 3 p.m.
Wednesday 9:30 a.m. – 3 p.m.
Thursday 9:30 a.m. – 3 p.m.
Friday 9:30 a.m. – 12 noon

DOCTOR HOURS

Thursday 1:30 p.m. – 6 p.m.

Please return this application to the Free Medical Clinic of Newberry County, Inc.