

Arlington Pediatric Center
601 S. Carlin Springs Road Arlington, VA 22204
703-271-8800 703-271-8585 (fax)

Name: _____
 Last First Middle Initial
Address: _____ Phone: _____
 _____ Birth Date: _____
Email: _____
Education: High School _____ College: _____

(Please attach pages if you need additional space.)

Volunteer Experience: _____

Employment Experience: _____

Experience With Children: _____

Experience in Health Care Settings: _____

Technical Skills: _____

Language Proficiency: _____

Please explain your interest in volunteering at APC: _____

Type of volunteer activities that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Interpreter during patient visits | <input type="checkbox"/> Translate written materials |
| <input type="checkbox"/> Clerical (typing, collating, copying, filing) | <input type="checkbox"/> Receptionist (must speak Spanish) |
| <input type="checkbox"/> APC Book Drives | <input type="checkbox"/> Reach Out and Read |
| <input type="checkbox"/> Fundraising | Other: _____ |

Volunteers are needed during office hours: 9 am – 5 pm M-F. Fundraising volunteers may work evening and weekend hours.

When are you available? Day of Week: _____
Time of Day: _____

References: _____

Name	Daytime phone	Relationship
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Name	Daytime phone	Relationship
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In emergency notify: _____ (phone) _____