

VOLUNTEER APPLICATION

UMMA

University Muslim Medical Association

COMMUNITY CLINIC

An Equal Opportunity Employer

711 West Florence Avenue

Los Angeles, California 90044

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www.ummaclinic.org

DATE: _____

ARE YOU AVAILABLE TO WORK WEEKENDS? YES NO EVENINGS? YES NO

PERSONAL INFORMATION

LAST NAME _____ FIRST _____ MIDDLE _____

OTHER NAMES YOU HAVE USED _____

STREET ADDRESS _____ APT/UNIT# _____

CITY _____ STATE _____ ZIP _____

TELEPHONE - BUSINESS HOURS (_____) _____ EVENING/MESSAGE (_____) _____

WHICH NUMBER DO YOU PREFER WE USE TO CONTACT YOU: (_____) _____

E-MAIL ADDRESS _____ ARE YOU OVER 18? YES NO

HOW DID YOU HEAR ABOUT THIS POSITION? (IF FROM AN ADVERTISEMENT, PLEASE INCLUDE NAME OF PUBLICATION).

PLEASE INDICATE ANY REASONABLE ACCOMMODATIONS THAT MAY NEED TO BE MADE TO ENABLE YOU TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING.

HAVE YOU EVER BEEN CONVICTED OF (OR PLEADED GUILTY OR NOLO CONTENDERE TO) A CRIME? DO NOT IDENTIFY MARIJUANA-RELATED MISDEMEANOR CONVICTIONS OCCURRING MORE THAN TWO YEARS AGO OR CONVICTIONS FOR WHICH THE CRIMINAL RECORD HAS BEEN EXPUNGED, SEALED OR ERADICATED BY THE COURT, OR MISDEAMEANOR CONVICTIONS FOR WHICH ANY PROBATION HAS BEEN COMPLETED AND THE CASE DISMISSED BY THE COURT. YES NO

IF YES, PLEASE LIST DATE(S), COURT LOCATION(S) AND DETAILS.

EDUCATION/LANGUAGES

HIGH SCHOOL _____ CITY/STATE _____ GRADUATED? YES NO

COLLEGE/UNIVERSITY _____ CITY/STATE _____

DEGREE/MAJOR _____

COLLEGE/UNIVERSITY _____ CITY/STATE _____

GRADUATE/PROFESSIONAL DEGREE(S) _____

SELF-STUDY, TECHNICAL INSTITUTE, APPRENTICESHIP, ETC. _____

COURSE OF STUDY _____

DO YOU SPEAK, READ AND/OR WRITE ANY FOREIGN LANGUAGES? YES NO

IF YES, WHICH ONES? _____

LICENSES & CERTIFICATES

LICENSE OR CERTIFICATION TYPE (Include driver's license) _____

ISSUING AUTHORITY (E.G. STATE, ORGANIZATION) _____

NUMBER _____ EXPIRATION DATE _____

IF YOU START VOLUNTEERING AT UMMA, YOU WILL BE ASKED TO PROVIDE ORIGINALS OF ANY LICENSES OR CERTIFICATES REQUIRED BY YOUR POSITION. COPIES WILL BE MADE AND PLACED IN YOUR FILE.

INTERESTS

Please list below any particular project that you would be interested in participating in or ideas that you think we could accommodate at UMMA.