

**COACHELLA VALLEY VOLUNTEERS IN MEDICINE (CVVIM)**  
**Non- Medical Volunteer Application Form**

*Thank you for your interest in volunteering with the Volunteers in Medicine!*

*CVVIM is a non-profit organization. As a volunteer you will be a part of a clinic that provides non-judgmental, compassionate, free care to those in our community.*

*In order to operate the clinic efficiently we ask those who volunteer make an initial six month commitment. Your service may be as large as 4 hours a week or as short as 4 hours a month.*

*Please email this application to [info@cvvim.org](mailto:info@cvvim.org) or fax to 760.342.4401*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

How did you hear about CVVIM? \_\_\_\_\_

Are you Bi-lingual? \_\_\_\_\_ Which Language(s)? \_\_\_\_\_

**SHIFT AVAILABILITY**

Please indicate all days you are available to be scheduled:

Tuesday

Wednesday

Thursday

Friday

Saturday

Desired Frequency:

As needed (any time)       1-2 shifts per week

1-2 shifts per month

**VOLUNTEER ACTIVITY DESIRED AT CVVIM:**

Medical Translator (Spanish) \_\_\_\_\_  
Front Desk/Reception \_\_\_\_\_  
Medical Assistant \_\_\_\_\_  
Medical Transcriber \_\_\_\_\_  
Pharmacy Tech \_\_\_\_\_

Eligibility Screener \_\_\_\_\_  
Fundraising/Special Events \_\_\_\_\_  
Dental Assistant: \_\_\_\_\_  
Other: \_\_\_\_\_

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

Revised 11/14