



THE PRENATAL CLINIC
healthy moms, healthy babies

Volunteer Application

Name: [Click here to enter text.](#)

Current Address: [Click here to enter text.](#) Phone: [Click here to enter text.](#)

Permanent Address: [Click here to enter text.](#)

Email Address: [Click here to enter text.](#)

What services are you interested in providing as a volunteer? [Click here to enter text.](#)

Relevant personal history (including applicable education, work experience, volunteer service, etc.)
[Click here to enter text.](#)

Please list any certifications or relevant skills you have (bilingual, EMR experience, CPR, First Aid, EMT, etc.) [Click here to enter text.](#)

***Please be prepared to provide your immunizations record.**

Times available to volunteer: (please circle)

Monday	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 1:30 – 4:30
Tuesday	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 1:30 – 4:30
Wednesday	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 1:30 – 4:30
Thursday	<input type="checkbox"/> 8:30 – 11:30	<input type="checkbox"/> 1:30 – 4:30
Friday	<input type="checkbox"/> 8:30 - 11:30	(Friday mornings only)

Spring 2019 volunteer app start/deadline: December 3, 2018 – January 4, 2019
Summer 2019 volunteer app start/deadline: TBD
Fall 2019 volunteer app start/deadline: TBD

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