



THE PRENATAL CLINIC  
*healthy moms, healthy babies*

**Volunteer Form**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Preferred method of contact:** \_\_\_\_\_

**\*\*\*\*\*Please attach a resume, including work history, education, honors/awards, etc. (REQUIRED for application to be considered)\*\*\*\*\***

**Please answer the following questions:**

Are you bilingual? If so, what languages? \_\_\_\_\_

Are you up to date with your immunizations? \_\_\_\_\_

Are you involved in any organizations (sororities, Carpool, etc.....)? \_\_\_\_\_

Why are you interested in volunteering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Times available to volunteer:** (please circle all available times; you may indicate your preferred time)

**Applying for Spring / Summer / Fall Semester of 20\_\_**

Monday	8:30-11:30	1:30-4:30
Tuesday	8:30-11:30	1:30-4:30
Wednesday	8:30-11:30	1:30-4:30
Thursday	8:30-11:30	1:30-4:30
Friday	8:30-11:30	(Friday mornings only)

**\*\*\*Deadlines to apply: Spring Semester: November 10 – December 10**

**Summer Semester: April 10 – May 10**

**Fall Semester: July 10 – August 10**

**Return completed application to: [mmendoza@bcsprenatal.org](mailto:mmendoza@bcsprenatal.org)**