

**The El Paso Baptist Clinic
Volunteer Information Sheet**

Name: _____ **Initial Volunteer Date** _____

Home Phone: _____ **Cell Phone:** _____

Can you receive text: **Yes** **No**

Address: _____ **D.O.B.** _____

Bilingual - (English / Spanish) this will not affect your volunteering. **Yes** **No**

I am a student at _____ **and my major is** _____.

I am skilled on a computer **Yes** **No**

My skills are: (example: Nurse, Pharmacists, Phlebotomist, Ph.T., M.A., clerical, handyman, other skills you would like to list).

What are your hobbies and / or things you enjoy?

What are your goals for the future?

What are you looking to take away from your volunteer experience at the EPBC?
