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| Date<br>Started |
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**WORLD MEDICAL RELIEF, INC**  
11745 Rosa Parks Boulevard  
Detroit, Michigan 48206  
313-866-5333

**APPLICATION FOR A VOLUNTEER POSITION**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

(Last) (First)

Address \_\_\_\_\_ Zip \_\_\_\_\_

(City)

Birthdate: \_\_\_\_\_ (month and day) E-mail address: \_\_\_\_\_

Education: (please circle grade completed college  
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 Degrees \_\_\_\_\_

Occupation \_\_\_\_\_ (if retired, what was your occ.) \_\_\_\_\_

Interest, skills, hobbies \_\_\_\_\_

Community Affiliations (church, clubs, etc.) \_\_\_\_\_

Have you volunteered before? \_\_\_\_\_ Where \_\_\_\_\_

What kind of volunteer service \_\_\_\_\_

What type of volunteer work do you think you would like to do at WMR (please check below)

Office services \_\_\_ Sorting medical supplies \_\_\_ Sorting medication \_\_\_

Picking up in-kind donations. \_\_\_ Fund raising \_\_\_ Other \_\_\_

Do you have your own transportation? \_\_\_\_\_ Days of week you can volunteer \_\_\_\_\_

Why do you wish to volunteer at World Medical Relief? \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Name and address of two personal references:

Emergency contact:

(name) (Phone #) (relationship)