



Helping our community by helping each other.

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1101 Highmarket Street, Georgetown, SC 29440

(P) 843-520-8922 (F) 843-436-1046

www.smithfreeclinic.org

Volunteer Interest Application

(PLEASE PRINT)

Name: _____ Nickname: _____

Street Address: _____

City, ST, Zip Code: _____

Mobile or Home phone: _____ Email address: _____

Date of Birth: _____ Social Security Number: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____

When are you available to volunteer?

Mon Tue Wed Thu Fri

How often would you like to volunteer?

Weekly___ Bi-Weekly___ Monthly___ Other___

At which location would you prefer to volunteer?

Pawleys Island___ Georgetown___ Either___

How did you hear about Smith Medical Clinic? _____

In a few sentences, please tell us about yourself! Attaching a resume or CV is greatly appreciated. Otherwise, please summarize your skills and qualifications, and include previous or current employment or volunteer history: