

VOLUNTEER APPLICATION

MISSION HILLSBORO MEDICAL CLINIC
120b East Franklin, Hillsboro, Texas
P.O. Box 971

Name: _____ DOB: _____

Address: _____
Street City State Zip

Phone: _____ E-mail: _____

DL Number: _____ State: _____ Expiration: _____

Skills and Certifications: _____

License Number: _____ Expiration Date: _____

Area of Ministry Requested:

Medical Administration Social Services Translation

By signing, I affirm that I allow Mission Hillsboro Medical Clinic personnel to use the above information to perform a Criminal Background Check, and that, if needed, I will provide the clinic with any additional information to complete a Criminal Background Check.

Print Name Signature

Date Witnessed

Two References: _____

My photo can be used on MHMC facebook page and website yes ___ no ___.

Background check is run on all volunteer applicants.