



Family Tree Clinic

VOLUNTEER APPLICATION

Name _____

Address _____ City/State/Zip _____

Phone _____ Email _____

What is the best way to reach you? _____ Occupation _____

How did you find out about volunteering at Family Tree?

Please explain why you are interested in volunteering at Family Tree:

Describe your previous volunteer experience (if any):

Please describe your experience with family planning and/or sexual health (if any):

What do you hope to gain from your volunteer experience?

What strengths do you bring to the workplace?

Please describe how you would respond to a patient who just found out she is pregnant and wants to talk about her options.

Please describe how you would respond to a 16 year old patient who wants to be tested for sexually transmitted infections and does not want his parents to know.

When are you available to volunteer?

Family Tree asks for a 6-month commitment. Are you able to make that commitment?

Signature _____ Date _____

Please return this application to Erin Wilkins, Education and Support Coordinator

ewilkins@familytreeclinic.org

(651) 642-2523 fax

1619 Dayton Ave, St. Paul, MN 55104