

Beulah Land Natural Medicine Clinic

RR 1 Thebes, IL 62990, Attn: Daphene Huffman

Phone: 618-764-2323, Fax: 618-764-2433

Beulamed@midwest.net

Volunteer Application

Name: _____ Date: _____

Sex: M/ F Age: _____

Home/Work (circle one) Address:

Home Phone: _____ Work Phone: _____

Fax: _____ e-mail _____

What is the best way to reach you? _____

Occupation: _____

Are you licensed in your profession? If yes, please list license number and enclose a copy of your license: _____

Have you ever been convicted of a crime? If so, please explain: _____

Name of church you attend and name of pastor: _____

Please give a brief description of your personal testimony:

How did you hear about the clinic?

Why do you wish to volunteer?

What is your experience with the natural medicine approach to healing?

In what capacity do you see yourself working at Beulah Land Natural Medicine Clinic?

Do you have any unique abilities/skills/talents that you can utilize at the clinic? (ex: counselor, attorney, evangelist, prolotherapy physician, massage, greeter, nurse, secretarial, etc.)

What is your availability for the upcoming clinic dates? (Jan/April/July/Oct)

How often would you be able to volunteer at the clinic?

Additional comments:
