



Date of Application: _____

Please send completed applications to **contact@hoosiersformedicalliberty.com**

Name: _____
first initial last

Address: _____
number street Apt No., Unit No., P.O Box

City/Town Postal Code:

Are you currently employed? _____ **Occupation:** _____

Home #: _____ **Area of Study:** _____

Cell #: _____ **Email:** _____

Preferred method of contact: Home Cell Text E-Mail

Emergency Contact: _____ **Phone number:** _____

Position Applying For: _____

Availability:

Monday: Start _____ End _____ **Friday:** Start _____ End _____

Tuesday: Start _____ End _____ **Saturday:** Start _____ End _____

Wednesday: Start _____ End _____ **Sunday:** Start _____ End _____

Thursday: Start _____ End _____

List Any Previous or Current Volunteer Experience:

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Why do you want to serve in this position? How do you hope to benefit?





Describe your favorite Volunteer or Work Experience:

List the Qualifications, Skills or Talents that you bring to this Position (Sing, Event Planner, Writer, etc):

By submitting this application the applicant understand that this is a volunteer role, no compensation will be provided. The applicant also understands that Medical Liberty is a senstaive topic and may become heated. All volunteers are expected to remain kind in interactions. Volunteers are not permitted to speak to media, press, or make statements on behalf of the organization. Hoosiers for Medical Liberty is a 501c4 and the applicant understands that Hoosiers for Medical Liberty does not endorse, support, or oppose any political candidate. Logos, graphics, materials, and information provided for volunteer projects are only to be used under discretion of Hoosiers for Medical Liberty and utilized in the manner they were initially inteded. Hoosiers for Medical Liberty holds the right to terminate a volunteer position for any reason.

Signature of Applicant

Date

