



**MEDRIX**  
**PO Box 178**  
**Redmond, WA 98073**  
**425-485-5423**

# VOLUNTEER APPLICATION

Thank you for your interest in MEDRIX!

Instructions: Please complete and mail to the above address or scan and e-mail to [office@medrix.org](mailto:office@medrix.org).

## PLEASE PRINT

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship: \_\_\_\_\_

Visa # or other related permits and relevant documentation: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different than home address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## I am interested in the following volunteer focus:

- Medical / Nursing / Para-medical disciplines
- Water Safety
- Monitoring and Evaluation Tracking
- Public Relations
- Event Planning
- Marketing
- Digital Marketing
- Grant Writing
- Other

**Please answer the following and attach additional sheets as necessary:**

1. List your interests, abilities, and hobbies.

2. Do you speak Vietnamese?

- Yes: Conversational Vietnamese?
- Yes: If you speak a professional language in Vietnamese (such as medical terminology or another discipline's professional terminology)?
- How fluent are you in this language? \_\_\_\_\_

3. Due to the nature of this work, we need to ask the following question both for your protection and for that of the recipients of this work.

- Have you ever been arrested or subject to any criminal investigation or civil investigation related to assault or any abuse of another person?
- And / or, Is this a court ordered volunteer mandate for "community service"?

Yes; If yes, please specify the circumstances in an attached explanation

No

**Please provide two professional references (business, school, etc):**

Name \_\_\_\_\_

Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Professional Relationship \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ Ste/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

Professional Relationship \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ (#1) \_\_\_\_\_ (#2)

---

**“I certify that I have and will provide information throughout the application process, including on this application for an internship position and in interviews with MEDRIX that is true, correct, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have and will not withhold any information that would unfavorably affect my application for a position. I understand that information contained on my application may be verified by MEDRIX. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a position with MEDRIX or my termination from such a position if I am selected.”**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_