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|  | Riverside Free Clinic Pharmacy Application - 2018-2019 | | | | |  | |
| First Name: | | Last Name: | Age: | Email Address: | | |
| Date of Birth: | | Phone #: | Major(s): | Year in College: | GPA: | |
| Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_ If yes, explain: | | | | | | |
| A volunteer is expected to arrive by 5:00pm to set up and stay until the end of clinic (between 10:00-10:30 pm). Are you willing and able to attend these hours?  Yes\_\_\_\_ No\_\_\_\_ | | | | | | |
| Are you available to volunteer during the summer? Yes\_\_\_ No\_\_\_\_ | | | | | | |
| Are you interested in taking BMSC 097? Yes\_\_\_\_ No\_\_\_\_  This is a voluntary component of RFC. The course is scheduled to start in Fall 2018. It will be a 2 unit, 10 week, Pass/No Pass course. | | | | | | |
| A completed pharmacy application includes:   1. Completed application form 2. CV or resume (no more than 2 pages) 3. A maximum 500-word essay describing:    1. Your interest in volunteering with RFC (i.e. what do you plan to get out of your volunteer experience and what can you offer to the clinic as a volunteer)    2. Your interest in serving underserved communities   C. Any other pertinent information   1. A completed referral form emailed directly from the referrer to Thao Nguyen at Thtnguyen@llu.edu. The form can be downloaded from the RFC website at http://riversidefreeclinic.com/apply   Please email your application form, cv/resume, and essay to Thtnugyen@llu.edu as a single PDF under the following file name:  o Applicant last name. Applicant first name.RFCapplication.pdf o ex) Luu.Diane.RFCapplication.pdf  \*Note: Pharmacy applicants do not have to meet or fill the other requirements and forms found in the medical volunteer application.  Completed application and referral forms will be accepted NO LATER than:  Monday, May 4, 2018 at 11:59 p.m.  Thank you for your interest in the UCR Riverside Free Clinic. We look forward to reviewing your application. | | | | | | |