



Center for the History of Family Medicine
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**CENTER FOR THE HISTORY OF FAMILY MEDICINE
 VOLUNTEER APPLICATION FORM**

Name: _____

Address: _____ City _____ State _____ Zip _____

Date and times available: _____

Telephone: (_____) _____ E-Mail: _____

BACKGROUND INFORMATION

Work Experience: Please briefly describe your paid work experience. Be sure to include names of past employers, dates employed and a brief description of duties.

Previous Volunteer Work Experience: _____

Do you have any special knowledge or skills (medical knowledge, computer, research, typing, drafting skills, etc.)?

Why are you interested in volunteering at the Center? _____

What skills and knowledge or experiences do you want to acquire from this experience? Please be as specific as possible. _____

Please include any additional comments or information that you feel would be useful in helping us to evaluate your application, such as a statement of goals, hobbies and interests, etc. _____

