

TEXAS ANESTHESIA BACK PAIN CENTER

PHONE/VOICEMAIL/FAX: 877-433-4352

2010 NAOMI STREET, SUITE A600, HOUSTON, TX 77054

BILLING ADDRESS: P.O. BOX 271622, HOUSTON, TX 77277

OFFICE PH: 713-663-7246 FAX: 1-877-433-4352 EMAIL: BACKPAIN@BWW.COM

VOLUNTEER APPLICATION

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING AT TEXAS ANESTHESIA BACK PAIN CENTER.

THE FOLLOWING INFORMATION IS NECESSARY TO PROCESS AN APPLICATION. ANSWER ALL QUESTIONS IN ORDER FOR YOUR APPLICATION TO BE REVIEWED.

FULL NAME: _____ **DOB:** _____

STREET ADDRESS: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT:

NAME: _____ **RELATIONSHIP:** _____

PHONE NUMBER: _____

VOLUNTEER TYPE

- GENERAL VOLUNTEER
- COLLEGE STUDENT- FALL SEMESTER
- COLLEGE STUDENT- SPRING SEMESTER
- HIGH SCHOOL SENIOR EXPERIENCE
- SUMMER STUDENT VOLUNTEER

IF YOU ARE CURRENTLY A STUDENT, WHERE ARE YOU ENROLLED? _____

VOLUNTEER OPPORTUNITIES VARY DEPENDING ON THE AGE OF THE VOLUNTEER. PLEASE SELECT YOUR AGE GROUP.

- 16-18 YEARS
- 18-21 YEARS
- 21 AND OLDER

I WOULD LIKE TO APPLY FOR A VOLUNTEER POSITION IN

- TEXAS ANESTHESIA BACK PAIN CENTER
- MEDLEY COMPOUNDING PHARMACY

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DO YOU SPEAK ANOTHER LANGUAGE BESIDES ENGLISH?

- YES
- NO
- IF YES, WHAT LANGUAGE? _____

What position are you interested in?

- Physician Assistant Shadowing Opportunity (4 months)
- Medical Assistant Volunteer Opportunity (3 months)
- Medical Billing and Coding Volunteer Opportunity (3 months)