



Seasonal or Contracted Work Declaration

This section is for individuals whose current employment is seasonal or contracted, where income may vary. We kindly ask that the information provided below is as accurate as possible. If there are any changes to employment or income, please let us know so we can keep your information up to date.

Patient Information

Name: _____

Date of Birth: _____
Month Day Year

Employment Information

Type of Work: _____

Employer Name: _____

Duration of Work: _____
i.e. May - August

Estimated Annual Income: _____

When I am not actively working, I will rely on the following to meet my financial needs:

- Savings from when I was working
- Support from family, friends or other sources
- Other: _____

I understand that I must report any change in income status to Volunteers in Medicine Clinic Hilton Head Island.

By my signature below, I attest that the information provided is accurate, complete, and true to the best of my knowledge and belief. I acknowledge that any omission or inaccurate information could jeopardize my request for assistance.

Applicant Signature

Date

