

COMMUNITY HEALTH CENTER

Mission: To promote the health of low-income, working uninsured, and other vulnerable children and adults in Jackson County, Oregon

VOLUNTEER APPLICATION

Name _____ Availability Date _____

Address _____ City _____ Zip _____

Phone _____ Cell _____ Work _____ Email _____

Best way to contact you _____

In Case of Emergency Please Notify:

#1. _____ Relationship _____ Ph# _____

#2. _____ Relationship _____ Ph# _____

Do you feel you can support our mission? Why?

Work experience: Please include health or medical related experience if applicable.

Previous Volunteer Experiences:

Education/Training/Foreign languages:

Hobbies/Skills/Special Interests:

Why would you like to volunteer at Community Health Center? What do you hope to gain from this experience?

Time Available:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

Weekly: _____ Bi-weekly _____ Event Specific _____

Site Preferred: (Circle one) Ashland Medford White City

Reference 1 Name _____ Relationship _____ Ph# _____

Reference 2 Name _____ Relationship _____ Ph# _____