| F:\CCHC\New folder\cchc-logo-actual.gifVolunteer application 1789 Elm St. Suite A.  Dubuque, Iowa 52001  Office (563) 552-8080  We’re excited to have you join us! Please complete this form and sign below.  Contact **Angela** for any questions regarding volunteer opportunities at **(563) 552-8080.** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | |
| Name: | | | | | | | | | | |
| Date of birth: | | | | Phone: | | | | Work Phone: | | |
| Email address: | | | | | | | | | | |
| Current address: | | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | | |
| Mailing address (if different than your current address): | | | | | | | | | | |
| City: | | | | State: | | | | ZIP Code: | | |
| Highest grade level completed (please circle): 7 8 9 10 11 12 13 14 15 16 | | | | | | | | | | |
| List the language(s) you speak, read and/or write: | | | | | | | | | | |
| Emergency contact (name and number): | | | | | | | | | | |
| Health restrictions (please list i.e., asthma, bad back…): | | | | | | | | | | |
| Do you have a valid I.D? Yes No | | | | | | Do you have reliable transportation? Yes No | | | | |
| Employment Information | | | | | | | | | | |
| Are you currently employed?: Yes No | | | | | | | | | | |
| Current employer (if applicable): | | | | | | | | | | |
| Employer address: | | | | | | | | How long?: | | |
| Phone: | | | City: | | | | | State: | | |
| ZIP Code: | | | Position: | | | | | Hours per week: | | |
| volunteer experience | | | | | | | | | | |
| Organization: | | Position/Major responsibility: | | | | | | Dates of service (month/year)  From: To: | | |
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|  | |  | | | | | |  | | |
| REFERENCES | | | | | | | | | |
| Please provide a name, number and email address for each: | | | | | | | | | |
| Availability | | | | | | | | | | |
|  | Monday | Tuesday | | | Wednesday | | Thursday | Friday | Saturday | |
| From: |  |  | | |  | |  |  |  | |
| To: |  |  | | |  | |  |  |  | |
| How many hours would you want to volunteer per project? (please circle) 1-5 6-10 11-15 16-20 | | | | | | | | | | |
| list skills, interests, and training | | | | | | | | | | |
| Skills: | | | | | | | | | | |
| Interests: | | | | | | | | | | |
| Training: | | | | | | | | | | |
| To place you in the most rewarding volunteer experience, indicate the areas listed that you would be interested in (Check all that apply):   * Office Skills (computers, filing, telephone work, mailings) * Fundraising Events * Community Education (public speaking) * Interpretation of Foreign Language and/or Sign Language (please list type and fluency level) * Joining Crescent’s Board of Directors * Joining Crescent’s Patient Advisory Group * Community Events * Special Projects | | | | | | | | | | |
| What is your primary reason you want to be a volunteer at Crescent Community Health Center? | | | | | | | | | | |
| Please provide us with any additional information about yourself you feel would be relevant to your selection: | | | | | | | | | | |
| How did you find out about our volunteer opportunities? | | | | | | | | | | |
| I understand the information that I have provided will be kept confidential and available only to the Directors of the project that I am volunteering for and those designated by them for the selection and training of volunteers. This information was requested in order to determine your experience, availability, motivation and needs for volunteering.  I agree to sign a strict **confidentiality statement and adhere to a background check** and abide by it when participating as a Crescent Community Health Center Volunteer.  I agree to notify the Volunteer Coordinator of the project that I am volunteering for when I am unable to continue as a Volunteer.  I agree to do my best to be a good representative of Crescent Community Health Center. | | | | | | | | | | |
| By signing below, I understand the above information and I certify that this application is true and complete to the best of my knowledge.  Signature: Date: | | | | | | | | | | |