

1690 Elm St. Suite 300  
Dubuque, IA 52001  
Office (563) 552-8080

## VOLUNTEER APPLICATION



We're excited to have you join us! Please complete this form and sign below.

Contact **Heather** for any questions regarding volunteer opportunities at **(563) 690-2415**.

### 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:

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? Do you have reliable transportation?

### EMPLOYMENT INFORMATION

Are you currently employed?:

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:


### 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?

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### 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 a Board of Director's sub-committee
- Joining Crescent's Patient and Family 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.

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By signing below, I understand the above information and I certify that this application is true and complete to the best of my knowledge.

Typed Signature:

Date: