



Volunteer Application

Please fill out the **front and back** of this application to the best of your ability.

Name: _____ Date: _____

Address: _____ City, State & Zip: _____

Date of Birth: _____ Email: _____

Home phone: _____ Work phone: _____

Cell phone: _____

If presently employed, name of firm: _____

Position: _____ Work hours and days: _____

Emergency Contact: _____
Name Relationship Home phone Work phone

Program/position you are interested in, (Please read qualifications, requirements and available time and days, before choosing a position. Please feel free to list up to three positions in order of preference.): _____

Days/hours available: _____

Are you willing/able to travel outside the city in which you are applying? _____

How did you hear about our volunteer opportunities? _____

Education: _____

Volunteer Experience: _____

Work Experience: _____

CONTINUED ON BACK----->

<p>Office Use Only: Begin Date: _____ End Date: _____</p>
--

Interests/Skills: (Please indicate with a check mark any interests/skills that you've experience in, and would be willing to share as a volunteer.)

Clerical skills: ___ typing ___ filing ___ phone ___ copier ___ data entry ___ statistics ___ word processing ___ mailings ___ data analysis/research ___ alphabetizing

Communication skills: ___ public speaking ___ presentations

Patient Services: ___ drug/alcohol counseling ___ general clinic assistance ___ vital signs ___ infant/child care ___ health education ___ dental clinic ___ HIV testing/counseling ___ laboratory ___ patient advocate ___ other (specify: _____)

Bilingual skills:

Language	Written	Verbal

Additional comments: _____

The above information is accurate and true to the best of my knowledge.

Signature: _____ Date: _____

PLEASE NOTE: (1) Before volunteering we need proof of immunizations: MMR and Hepatitis B*series, and a current TB test (less than a year old). (2) CommuniCare Health Centers is not obligated to provide a placement, nor are you obligated to accept any position offered. (3) Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual preference, or gender.

***Hepatitis B is only required for LAB AND DENTAL VOLUNTEERS.**

Please return this application to Volunteer Coordinator: by fax at (530) 758-2109; in person at CommuniCare Health Centers, Davis, 2040 Sutter Place, Davis, CA 95616; or by mail to CommuniCare Health Centers, Davis, P.O. Box 1260, Davis, CA 95617.