



1211 Lafayette Ave N.E.  
 Grand Rapids, MI 49505  
 Phone: 616.336.8800 Fax: 616.336.9700

**Office Use Only:**

Date _____	<input type="checkbox"/> Reference	<input type="checkbox"/> Interview
<input type="checkbox"/> Tour	<input type="checkbox"/> Waivers	
<input type="checkbox"/> Data ↑	<input type="checkbox"/> Manual	
<input type="checkbox"/> Orientation	<input type="checkbox"/> Photo	
<input type="checkbox"/> TB	<input type="checkbox"/> Nametag	
<input type="checkbox"/> Photo ID	<input type="checkbox"/> MSP	
<input type="checkbox"/> License	<input type="checkbox"/> Valid.	

**Volunteer Application**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: (    )    Cell phone: (    )

E-mail: \_\_\_\_\_

Contact Preference:    Email     Cell phone     Home phone

**Educational Background:**

	<i>School</i>	<i>Dates Attended</i>	<i>Major course of study/Degree</i>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you a current student? Yes     No

If yes, will you receive credit for your volunteer hours? \_\_\_\_\_

**Employment/Volunteer Background:**

	<i>Dates</i>	<i>Organization</i>	<i>Type of Work</i>	<b>Paid</b>	<b>Volunteer</b>
1.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Current Professional Registration/License: \_\_\_\_\_

Have you been convicted of a felony?    Yes     No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Please provide all medical information we should know (allergies, special medications, instructions, &/or conditions):

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone : \_\_\_\_\_

What type of work would you like to perform at CHC? Please check all that apply.

- |   |  |                                 |   |
|---|--|---------------------------------|---|
| <input type="checkbox"/> Clerical       | <input type="checkbox"/> Medical Records       | <input type="checkbox"/> R.N.   | <input type="checkbox"/> Cleaning                       |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Computer/Data Entry   | <input type="checkbox"/> L.P.N. | <input type="checkbox"/> Maintenance                    |
| <input type="checkbox"/> Receptionist   | <input type="checkbox"/> Medication Assistance | <input type="checkbox"/> M.A.   | <input type="checkbox"/> Fundraising/Development        |
| <input type="checkbox"/> Mailings       | <input type="checkbox"/> Community Programs    | <input type="checkbox"/> Events | <input type="checkbox"/> <b>Women's Health Advocate</b> |
| <input type="checkbox"/> Marketing/P.R. | <input type="checkbox"/> Other: _____          |                                 |   |

What skills, training, or knowledge do you hope to utilize at CHC? \_\_\_\_\_

Bilingual? Yes  No  If yes, which language(s): \_\_\_\_\_

Why do you want to volunteer at Catherine's Health Center? \_\_\_\_\_

Where did you hear about Catherine's Health Center? \_\_\_\_\_

References:

	<i>Name</i>	<i>Phone</i>	<i>Relationship</i>
1.	_____	_____	_____
2.	_____	_____	_____

Volunteer Availability:

Time: \_\_\_\_\_ Day(s): \_\_\_\_\_

How often per week/month: \_\_\_\_\_

When are you available to start? \_\_\_\_\_

How long can you commit to this service? \_\_\_\_\_

(Note: We ask for a 6 month minimum commitment)

At Catherine's Health Center, it is our mission is to provide health education, screening, and primary care medical services to low income, underinsured, and medically underserved residents of Grand Rapids, MI. As a volunteer at CHC, I will be required to follow all personnel policies and rules of the organization. I have completed this volunteer application and hereby declare the information provided to be accurate and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your interest in volunteering at Catherine's Health Center!  
We will contact you shortly.