



**Send completed application to:**  
*Jess Eglinton, Executive Assistant*  
 1211 Lafayette Ave NE Grand Rapids, MI 49505  
 or [jeglinton@catherineshc.org](mailto:jeglinton@catherineshc.org) (616.336.8800 ext. 204)

Office Use Only:

Date _____	
<input type="checkbox"/> Interview	<input type="checkbox"/> Manual
<input type="checkbox"/> Tour	<input type="checkbox"/> Nametag
<input type="checkbox"/> Dept	<input type="checkbox"/> Hours Log
<input type="checkbox"/> Waivers	<input type="checkbox"/> Orientation
<input type="checkbox"/> HIPAA	<input type="checkbox"/> TB

## 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>	<i>Paid</i>	<i>Volunteer</i>
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"/> Women's Health Advocate |
| <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 to provide high quality, affordable and compassionate health care to the underserved in our community. 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.