

COAST COMMUNITY  
**HEALTH**  
c e n t e r

1010 First Street SE, Suite 110, Bandon, Oregon 97411  
Phone: 541-347-2529 Fax: 541-347-9196

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**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Are you employed? Where? \_\_\_\_\_

Why do you want to volunteer with CCHC?

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about CCHC?

\_\_\_\_\_  
\_\_\_\_\_

What kind of volunteer service would you like to do?

\_\_\_\_\_  
\_\_\_\_\_

Please summarize any specific skills or qualifications you may have acquired from employment previous volunteer service or through activities, including hobbies.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any previous volunteer experiences and your job responsibilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What days / times are you available to volunteer?

\_\_\_\_\_  
\_\_\_\_\_

Please list two references, at least one of them professional, if possible.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

What is this person's personal and/or professional relationship to you? \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

What is this person's personal and/or professional relationship to you? \_\_\_\_\_

**Please provide the following information for the person you would like us to contact in case of an emergency.**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Do you have any physical limitations we should be aware of? If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

As a volunteer I agree to abide by CCHC policies and procedures. I understand that I will be volunteering at my own risk and that CCHC, its employees and affiliates cannot assume any responsibility for any liability or any accident, injury, health problem with may arise from any volunteer work I perform. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward for my volunteer services.

I acknowledge that I have been provided with, have read and agree to abide by the terms of the COAST COMMUNITY HEALTH CENTER Confidentiality Agreement.

Name (Printed): \_\_\_\_\_

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

Please mail or drop your completed application to:

**Volunteer Recruitment  
Coast Community Health Center  
1010 SE First Street, Suite 110  
Bandon, Oregon 97411**