



Your Health Our Mission
Serving the Southern Oregon Coast

1010 First Street SE, Suite 110, Bandon, Oregon 97411

Phone: 541-347-2529 Fax: 541-347-9196

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**