

# Yes, I'd like to volunteer at Christian Community Care Clinic

Date \_\_\_\_\_

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

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

\_\_\_\_\_ Mobile phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Area of Interest: (circle)

Professional medical/dental clinic night volunteer

Non-professional clinic night volunteer

Professional medical weekday volunteer

Non-professional weekday volunteer

- Do you want to come on a regular basis, or are you only available for special projects?
- Are you willing to be called on short notice if others cancel unexpectedly?      Yes      No
- Are there times that you do not want to work or know you cannot work? If so, what are they?
- Do you have special expertise or talents that you feel you could share with the clinic?

**Mail to: Christian Community Care Clinic, 220 W. South St., Benton, AR 72015**

Or, for more information, call 501-776-1703.