

# Volunteer Application for PHC

## Personal Information

**Full Name:** \_\_\_\_\_  
First Middle Initial Last

**Address:** \_\_\_\_\_  
Street Address Apt/Suite  
\_\_\_\_\_  
City State Zip Code

**E-mail Address:** \_\_\_\_\_

**Are you at least 18?** Y N **Phone Number:** \_\_\_\_\_

**Are You Interested in Full, Part-Time, or Intermittent?** \_\_\_\_\_

## Emergency Contact Information

**Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Volunteer Information:

**Why do you want to become a volunteer at PHC?**

**Do you have a specific area in which you would like to volunteer?**

**When are you available to volunteer (please list hours after each day)?**

Monday \_\_\_\_\_  Tuesday \_\_\_\_\_  Wednesday \_\_\_\_\_  Thursday \_\_\_\_\_

Friday \_\_\_\_\_  Saturday \_\_\_\_\_  Sunday \_\_\_\_\_

**Any Additional Comments:**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PRINT NAME** \_\_\_\_\_

**For Official Use Only – Do Not Complete**

**Anticipated Start Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Anticipated End Date:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**Department & Supervisor at PHC:** \_\_\_\_\_

**Other Supervisory Notes:**