

Whitney Young Health Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Mornings (Mon-Fri) Afternoons (Mon-Fri)
 Weekends Once a week
 One Time Only As needed

Interests

Tell us in which areas you are interested in volunteering

- Administration (Stocking Exam Rooms, Bulletin Boards, Organizing Mobile Unit)
 Events (Coat Drive, Back to School Drive, Holiday Families)
 Field work (tabling/community outreach)
 Data Entry (WIC)
 Deliveries (Holiday Gifts/Turkey Dinners/Brochures to Dr. Offices/Hospitals/ Clinics)
 Reading (Reading hour 1-2x per week)
 Newsletter production
 Volunteer coordination (Assisting Volunteer Manager)

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Once completed, please send this application to Deshaya Williams, Volunteer Program Manager at dwilliams@wmyhealth.org.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.