

LUCAS **LC** COUNTY
HEALTH **HC** CENTER
& *Medical Clinics*

VOLUNTEER SERVICES

Last Name

First Name

Address

City

State

Zip Code

Telephone

Sex

Birthday

How did you find out about volunteering? What attracted you to the Volunteer Program?

Referred by:

Is there any aspect of our work with LCHC volunteer services that most motivated you to seek to volunteer with us?

Current situation (student, retired, looking for work, etc.)

What would you like to get out of volunteering with LCHC Volunteer Services? What would make you feel successful?

Previous Occupation/Work Experience

Hobbies or other interests:

Volunteer Experience:

Strengths & skills:

Person to notify in case of emergency and beneficiary of volunteer insurance:

Name

Address

Telephone

Signature of Volunteer

Date

Signature of Volunteer Services Director

Date