



The Norwalk Community Health Center, Inc.
 120 Connecticut Avenue
 Norwalk, CT 06854-1525
 info@norwalkchc.org | www.norwalkchc.org

VOLUNTEER APPLICATION

INSTRUCTIONS: Read through all instructions before completing this application form. Type or print answers to ALL questions. This application must be fully completed and signed for further consideration.

Name (Last)		(First)		(MI)	Suffix (Jr., Dr)		
Street:		Town/City:		State:	Zip Code:		
Area Code/Home Phone		Area Code/Mobile Phone		E-mail Address:			
What date are you available to start?			Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No (If under 18, parental/guardian consent is required)				
Are you related to anyone who works here? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name and position:							
Language Ability: Do you speak, read or write language(s) other than English? (This information is voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify:							
EDUCATION:							
Have you graduated from High School or received a High School equivalency diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you have graduated from High School, what is your highest level of education? <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> College Completed (Major:) <input type="checkbox"/> Graduate School (Degree/Area of Study:)							
EMPLOYMENT:							
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If you are currently employed, please list your current position and employer:							
Job Title		Company Name			Company Address		
How long can you commit to volunteering at NCHC: <input type="checkbox"/> One Time <input type="checkbox"/> Occasionally <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6+ months <input type="checkbox"/> Other:							
Availability (NCHC is open Monday – Thursday 8:00am-8pm; Friday 8:00am – 5:30pm; Saturday 8:00am – 12noon)							
Please put a to – from time for am & pm (ex. 10am – 8pm)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
How did you hear about Norwalk Community Health Center volunteer opportunity? <input type="checkbox"/> From a patient <input type="checkbox"/> From a staff member <input type="checkbox"/> NCHC website <input type="checkbox"/> From school <input type="checkbox"/> Other, please specify:							

References (Please provide the names and contact information of at least two individuals who can provide references for you. Please do not include relatives. As indicated on the Authorization to Release Information, we will also contact employers, educational institutions, and other relevant third parties for verification as well)

Reference Name:	Reference Company:	Reference Title:
Reference Phone:	Reference Email:	How do you know this reference?:
Reference Name:	Reference Company:	Reference Title:
Reference Phone:	Reference Email:	How do you know this reference?:
Reference Name:	Reference Company:	Reference Title:
Reference Phone:	Reference Email:	How do you know this reference?:

Please feel free to add any additional information that you believe would be relevant to your application to volunteer at NCHC

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH

_____ **Initials** I have disclosed all information that is relevant and should be considered applicable to my candidacy as a volunteer.

_____ **Initials** I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in the rejection of my application or discharge from the volunteer program.

NAME: _____ Signature of Applicant _____ Date _____
(Please print)

If applicant is under 18:
PARENT'S NAME: _____ Signature of Parent _____ Date _____
(Please print)

EMERGENCY CONTACT:

Name [please print] _____

Cell phone: _____ - _____

Home phone: _____ - _____

Relationship to volunteer: _____