

**Volunteer Application**  
**People's Community Health Centers**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Office \_\_\_\_\_ Cell \_\_\_\_\_

Are you over 17 years of age?        Yes        No

Career Objectives:

Educational Goals:

Personal Goals:

How can a position at PCHC assist you in achieving any of the above-stated goals?

**History**

Please state past activities, excluding those mentioned under “Present Activities” in response to the following inquiries:

	<b>Name of Organization /School/Civic Organization, Etc.</b>	<b>Describe your position or degree achieved &amp; your activities</b>	<b>Date started – Date ended</b>
<b>Paid Employment</b>			
<b>Non-paid Employment</b>			
<b>Education</b>			
<b>Clubs or Memberships</b>			

How does sickness (either yours or others around you) affect your usual day to day routine?

What events in the last 2 years have had a major impact on your life and lifestyle?

I hereby verify that the above information I have provided in application for a volunteer patient advocate position at PCHC is true and accurate.

Signature \_\_\_\_\_

Date \_\_\_\_\_