



**LEGACY**  
COMMUNITY HEALTH

# Volunteer Application

**OUR MISSION** We empower our clients to lead a better life by providing premium, compassionate, primary health care services. We are committed to serving a diverse community, including those persons who have traditionally faced problems accessing quality health care.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Phone (best number to contact)

\_\_\_\_\_  
Email

\_\_\_\_ Age (18+) \_\_\_\_\_ Birthday (Month/Day/Year)

\_\_\_\_\_  
Current employer

Have you ever been employed by Legacy Community Health Services?  
 Yes  No

If yes, when? \_\_\_\_\_

## Emergency Contact Information

\_\_\_\_ Person to contact \_\_\_\_\_ Relationship to you

\_\_\_\_ Phone \_\_\_\_\_ Alternate phone

## Availability (check all that apply)

- Mon.  Tue.  Wed.  Thu.  Fri.  Sat.  
 Morning  Afternoon  Evening

\_\_\_\_\_  
How did you hear about us?

\_\_\_\_\_  
Why do you want to volunteer at Legacy?

\_\_\_\_\_  
Highest education level completed

## Volunteer Experience

\_\_\_\_ Organization \_\_\_\_\_ Date of service

\_\_\_\_ Organization \_\_\_\_\_ Date of service

## Qualifications

(List special skills/ interests you have that might be helpful)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you bilingual?  Yes  No

If yes, in which languages? \_\_\_\_\_

Please check off any volunteer opportunities that you are interested in:

- Campus Hospitality  Children's Story Time  
 Outreach  Administrative Assistance  
 Facilities Assistance

## Group Volunteer (at least 5 or more)

\_\_\_\_\_  
Name of group/school

\_\_\_\_\_  
Contact person

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Number of volunteers

**Please send completed application to:**

**Legacy Community Health Services**

Attn: Volunteer Services  
P.O. Box 66308  
Houston, TX 77266



Phone: 832-548-3030 | Email: [volunteer@legacycommunityhealth.org](mailto:volunteer@legacycommunityhealth.org)

**LegacyCommunityHealth.org**

## For Office Use Only

Application received: \_\_\_\_\_

Orientation invitation sent: \_\_\_\_\_

Orientation scheduled: \_\_\_\_\_

Database entry: \_\_\_\_\_

Background check: \_\_\_\_\_

TB test cleared: \_\_\_\_\_

Placement: \_\_\_\_\_

**Volunteer  
for Healthier  
Communities**