

Organization

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.

Placement: ___

/		Qualifications (List special skills/ interests you have that might be helpful)	
Name			
Address		Are you bilingual? ■ Yes ■ No	
City	State Zip	If yes, in which languages?	
Phone (best number to contact)		Please check off any volunteer opportunities that you are interested in: Campus Hospitality Playroom Assistant Outreach Administrative Assistance Facilities Assistance	
Email			
Age (18+)	Birthday (Month/Day/Year)	Group Volunteer (at least 5 or more)	
Current employer		Name of group/school	
Have you ever been employed by Legacy Community Health Services? ☐ Yes ☐ No		Contact person	
If yes, when?		Phone	
Emergency Contact Inf	ormation	Email	
Person to contact	Relationship to you	Number of volunteers	
Phone	Alternate phone		
Availability (check all that apply)		Please send completed application to: Legacy Community Health Services	
■ Mon.■ Tue.■ Wed.■ Thu.■ Fri.■ Sat.■ Morning■ Afternoon■ Evening		Attn: Volunteer Services P.O. Box 66308 Houston, TX 77266 Phone: 832-548-5276	
How did you hear about us?		Email: volunteer@legacycommunit	
		LegacyCommunityHealth.org	
Why do you want to volunteer a	t Legacy?	_	For Office Use Only
Highest education level complete	ed	- Volunteer	Application received: Orientation invitation sent:
Volunteer Experience		Volunteer for Healthier Communities	Orientation scheduled: Database entry:
Organization	Date of service		Background check: TB test cleared: