

Yes, I'd like to volunteer at Christian Community Care Clinic

Date _____

Name: _____ Email: _____

Address: _____ Home phone: _____

_____ Mobile phone: _____

Date of birth: _____

Occupation: _____

Employer: _____

Area of Interest: (circle)

Professional medical/dental clinic night volunteer

Non-professional clinic night volunteer

Professional medical weekday volunteer

Non-professional weekday volunteer

- Do you want to come on a regular basis, or are you only available for special projects?
- Are you willing to be called on short notice if others cancel unexpectedly? Yes No
- Are there times that you do not want to work or know you cannot work? If so, what are they?
- Do you have special expertise or talents that you feel you could share with the clinic?

Mail to: Christian Community Care Clinic, 220 W. South St., Benton, AR 72015

Or, for more information, call 501-776-1703.