



The Norwalk Community Health Center, Inc.  
 120 Connecticut Avenue  
 Norwalk, CT 06854-1525  
 volunteers@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)				
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: _____							
<b>EDUCATION:</b> 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: _____)							
<b>EMPLOYMENT:</b> Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are currently employed, please list your current position and employer:							
<b>Job Title:</b>		Company Name:			Company Address:		
<b>How long can you commit to volunteering at NCHC:</b> <input type="checkbox"/> One Time <input type="checkbox"/> Occasionally <input type="checkbox"/> 3-6 months <input type="checkbox"/> 6+ months <input type="checkbox"/> Other: _____							
<b>Availability</b> (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
<b>How did you hear about Norwalk Community Health Center volunteer opportunity?</b> <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: _____							

