



W o m e n M a k i n g H e a l t h C a r e A c c e s s i b l e

VOLUNTEER APPLICATION FORM

Name: _____
Last First MI

Address: _____
Street Apt./Box Number

City State Zip Code

Phone Number: _____
Area Code

Email Address: _____

Date of Birth: _____

What time would be good to contact you?

What time would you like to volunteer? Please list days and possible times

How long do you see your commitment to CWHC?

Are you currently volunteering at other organizations? if yes, please say where.

Why do you want to be part of the CWHC community?

What are your interests? please list three of your favorite hobbies/interests.

How do you see your interests contributing to CWHC?

What programs are you familiar with? please check all that applies.

MS Word

MS Excel

MS Access

Adobe Photoshop

HTML

On-line Research

Other: _____

After completion, please fax or return to:

Chicago Women's Health Center

Attn: Volunteer Coordinator

3435 N. Sheffield Ave.

Chicago, IL 60657

Fax: 773.935.7145

We look forward to hearing back from you!