



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone : \_\_\_\_\_

E-mail address: \_\_\_\_\_

Church/Congregation: \_\_\_\_\_

Birthday: \_\_\_\_\_

**Please check the areas where you would like to serve:**

OFFICE	CLINIC NIGHT	SPECIAL EVENTS
Clerical ( )	Reception: check-in/out ( )	Fall Fundraiser ( )
Fundraising assistant ( )	Intake Specialist ( )	Spring Golf Classic Fundraiser ( )
Year- end mailings ( )	Interpreter ( )	Pastors Outreach ( )
Grant writing assistant ( )	Spiritual Support ( )	School Outreach ( )
Medical referral coordinator ( )	Setup/breakdown & security ( )	Medical provider recruitment ( )
Volunteer meal coordinator ( )	Disability claim processor ( )	Community projects ( )
Special projects	Medical Professional ( ) Indicate type here _____  License # _____	Annual Banquet ( ) Table Hostess Set-up/Clean-up ( )

**Please indicate the time you are available:**

OFFICE	Clinic Open: Weds 10 AM- 2PM Thurs 5PM- 8PM	SPECIAL EVENTS
Monday:		Monday:
Tuesday:		Tuesday:
Wednesday:		Wednesday:
Thursday:		Thursday:

**Please tell us anything special you would like for us to know:**

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***Volunteer Information***

**215 Willow Bend Road  
Peachtree City, GA 30269  
[www.healingbridgeclinic.org](http://www.healingbridgeclinic.org)**