



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

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

DoB: \_\_\_\_\_

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

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

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

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

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

OFFICE	CLINIC	SPECIAL EVENTS
Clerical	Reception: check-in/out	Fall Fundraiser
Fundraising assistant	Eligibility Specialist	Spring Golf Classic Fundraiser
Grant writing assistant	Interpreter	Medical provider recruitment
Medical referral coordinator	Spiritual Support	Community projects
Volunteer meal coordinator	Setup/breakdown & security	
Special projects	Disability claim processor	
	Medical Professional	
	Indicate type here _____	
	License # _____	

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

OFFICE: <i>*Many opportunities can be done from remote or home locations. Coming to office is not a requirement</i>	Clinic Open: Thurs 9AM- 1PM Thurs 5PM- 8PM 4th Thursday/Month - Telehealth 4PM – 8PM	SPECIAL EVENTS:
Monday:		Monday:
Tuesday:		Tuesday:
Wednesday:		Wednesday:
Thursday:		Thursday:

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

\_\_\_\_\_

\_\_\_\_\_

***Volunteer Information***

215 Willow Bend Road  
 Peachtree City, GA 30269  
[www.healingbridgeclinic.org](http://www.healingbridgeclinic.org)  
 Jan. 2021