



Date: _____

Name: _____ DoB: _____

Address: _____

Best Phone: _____ E-mail address: _____

Church Affiliation: _____

Please check the areas where you would like to serve:

OFFICE Mon 10-2 Tue 9-1 Thurs 3-8	CLINIC Tue. 9AM- 1PM Thurs 5PM- 8PM Monthly Cardio Clinics	SPECIAL EVENTS
Clerical	Reception: check-in/out	Sporting Clay Shoot
Fundraising assistant	Eligibility Specialist	Fore Our Community Golf
Grant writing assistant	Spiritual Support	Community Projects
Medical referral coordinator	Disability claim processor	Other
Patient Assist Coordinator.	Phlebotomy	
Social Media Specialist	EKG Tech	
	Ultrasound Tech.	
	Nutrition Education	
	Physical Therapy	
	Medical Professional Indicate type here _____ License # _____	<i>Photographers and videographers are needed for fundraising and special events.</i>

Please indicate the time you are available:

Please tell us your skillsets and anything special you would like for us to know:

Volunteer Information

215 Willow Bend Road
 Peachtree City, GA 30269
www.healingbridgeclinic.org
 Dec. 2021