



Volunteer Application

Date:

| | |
|---|-----------------|
| Name: | E-mail Address: |
| Address: | Church: |
| Phone: | Pastor: |
| Days of week you would like to volunteer: | |
| Area of service: | |
| Previous experiences and qualifications: | |
| Languages spoken: | |
| How did you hear about Bolingbrook Christian Health Center? | |
| Describe your interest in faith-based medicine: | |
| Describe your interest in health care for the underserved: | |

- Check here if there is additional information on the reverse side of this paper
- Check here if license or other certificates are attached