



Fredericksburg Christian Health Center Volunteer Application

Date of Application: _____

Name: _____

Address: _____

Phone #: _____ Email: _____

Are you currently employed? _____ Occupation: _____

Are you currently a student? _____ Area of Study: _____

Emergency Contact Name _____ Phone # _____

Position Applying For: (Check or highlight the applicable circle)

- Administrative Support
- Patient Application Assistance
- Grant writer
- Translator
- Social Media Researcher
- Event Planner
- Photography
- Praying with patients
- Chaplain
- Medical Provider
- Nurse
- Other _____

Please circle Number of Hours Available to Volunteer Each Week:

1-5 5-10 10-15 15-20

Please list the time frames you are available to work/volunteer.

Monday: Start _____ End _____ **Tuesday:** Start _____ End _____

Wednesday: Start _____ End _____ **Thursday:** Start _____ End _____

Friday: Start _____ End _____