

1125 Tremont Street Roxbury, MA 02120 Telephone: 617-989-3034 or 1 800 977 0191 Fax: 1 800-977-0191 or 1 617 859 0191

VOLUNTEER APPLICATION

Date:		
Name:	_Age:	Gender: M F
Address:		
Street City State Zip		
Phone:	Email:	
Occupation:	Place of V	Work:
 Geographic Preference (e.g. Boston, Ly Brockton): 	vnn, Chelsea, '	Worcester, Springfield,
2. Volunteer Opportunities (please rank 1	-7 in preferen	ce order):
 Administrative Medical Treatment Advocacy Care and support group Health Education Assisting Patient from home to Health Other (Please Specify) 	Centers	

- 3. Time Availability (please include days of the week, time of day and duration of your commitment):
- 4. How did you hear about African Community Health Initiatives?

5.	What do you hope to gain by volunteering at African Community Health
	Initiatives

- 6. What previous experience will you bring to your volunteer role?
- 7. What are your special talents or skills (e.g., foreign language, education)?

8. Please provide the following information for two non-family references:

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:

Email:achi_org@yahoo.com. www.africancommunityhealthinitiatives.org