

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:
<ol> <li>Geographic Preference (e.g. Boston, Ly Brockton):</li> </ol>	vnn, Chelsea, '	Worcester, Springfield,
2. Volunteer Opportunities ( please rank 1	-7 in preferen	ce order):
<ul> <li>Administrative</li> <li>Medical Treatment</li> <li>Advocacy</li> <li>Care and support group</li> <li>Health Education</li> <li>Assisting Patient from home to Health</li> <li>Other (Please Specify)</li> </ul>	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