



**AFRICAN
COMMUNITY
HEALTH
INITIATIVES**

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 Work: _____

1. Geographic Preference (e.g. Boston, Lynn, Chelsea, Worcester, Springfield, Brockton):

2. Volunteer Opportunities (please rank 1-7 in preference order):

___ Administrative

___ Medical Treatment

___ Advocacy

___ Care and support group

___ Health Education

___ Assisting Patient from home to Health Centers

___ Other (Please Specify)

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