community health advocates

Health Initiatives Department
VOLUNTEER APPLICATION

DATE: _____

PERSONAL INFORMATION:

Full Name: _____

Date of Birth (Month/Day/Year): _____

Address: _____

City: _____ State: _____ ZIP: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

FORMER OCCUPATION AND VOLUNTEER INFORMATION:

What is your current professional status? (i.e. part time, full time, retired, unemployed and actively searching for employment): _____

List your two (2) most recent work or occupation experiences. Please also attach a resume to this application.

Employer Name & Address		Employer Name & Address	
Job Title/Position		Job Title/Position	
Duties & Responsibilities		Duties & Responsibilities	
Reason for Leaving		Reason for Leaving	
Dates Employed	From: To:	Dates Employed	From: To:

List previous/current volunteer experience (including name of organization, length of time, & type of work):

_____

_____

community
health advocates

ADDITIONAL PERSONAL INFORMATION:

What is your educational background? (Indicate your highest level of school completed, school name and graduation date, and field of study, if any.)

_____

List any computer skills. (i.e. able to access and navigate the web, word processing, etc.)

_____

Do you speak any other languages? Indicate your level of proficiency: novice, intermediate, fluent, etc.

_____

List any prior experience that you may have had with public benefits and/or consumer advocacy?

_____

Hobbies, Special Skills, or Interests: _____

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH US?

_____

_____

_____

_____

HOW DID YOU HEAR ABOUT US?

_____

633 Third Avenue, 10th Fl
New York, NY 10017
PH 888-614-5400
FAX 212-614-5378

ADDITIONAL INFORMATION: (Other information that you want included in your volunteer file.)

_____

OTHER BACKGROUND

Do you currently work with any health plan, provider, and/or health insurance broker? _____

If "Yes", do you think your working relationship would create a conflict of interest while providing CHA services to clients?

_____

_____

PLEASE LIST AN EMERGENCY CONTACT:

Name: _____ Relationship:_____

Phone Number: _____

PLEASE LIST TWO REFERENCES:

Name: _____ Title/Relationship: _____

Phone number: _____

Name: _____ Title/Relationship: _____

Phone number: _____

Thank you for your interest!