



VOLUNTEER APPLICATION

Name: _____ Phone (Home): _____
 Address: _____ Phone (Work): _____
 City: _____ Mobile: _____
 State: _____ Zip: _____ Email: _____

In what areas are you interested in volunteering?

- | | |
|-------------------------------|--------------------------------|
| Certified Medical Assistant | Registered Nurse |
| Development Committee | Ritzy Trees Designer/Decorator |
| General Office Work | IT Services |
| Graphic Design | Translator/Interpreter |
| Other (please specify): _____ | |
-

Please fill in the days and times that you are available to volunteer*:

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

*Volunteers must be at least 18 years of age.

Are you only interested in a project-by-project basis? _____

List any special skills, areas of knowledge and/or experience (including non-English languages):

Please mail or fax your completed application to:

Cecilia Murillo
Coastside Family Medical Center
225 S. Cabrillo Hwy., Suite 100A
Half Moon Bay, CA 94019
Fax (650) 726.9317