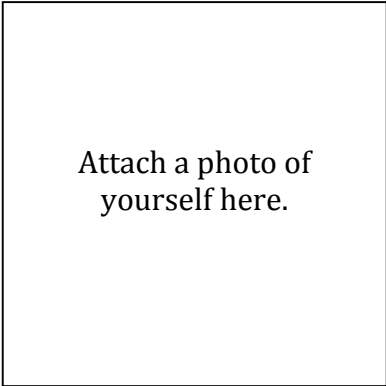




**CommunityCare Clinics**

The following is an application for a position as a volunteer with the CommunityCare Free Medical Clinic. Volunteers will be expected to make themselves available at least once per month for the duration of the semester. Interviews and training will be scheduled at a date to be determined.

Mail completed applications to:  
Dawn Durivage c/o CCC Non-HSC Volunteer  
Mail Stop 1045  
2801 W. Bancroft St  
Toledo OH 43606



---

**Contact Information**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Email address: \_\_\_\_\_

---

**Qualifying Information**

Date of birth: \_\_\_\_\_  
Current occupation (provide company/organization if applicable): \_\_\_\_\_

Please describe any qualities you believe will assist you in your duties as a volunteer with the CommunityCare Free Medical Clinic (eg previous volunteer, employment experiences, or fluency in another language). A 1 page résumé may be submitted in response to this question:

Please briefly explain (200 words or less) why you are interested in volunteering with the CommunityCare Free Medical Clinic. ie what do you hope to gain from this opportunity?

---

**References**

Please provide the names and contact information of two (non-relative) references

Name	Relationship	Phone	Email