

LA CLINICA

AFFORDABLE HEALTH CARE EXCELLENCE FOR ALL

Thank you for your interest in volunteering at La Clinica. Volunteers are a valuable resource for La Clinica; their time, energy and talents help the organization meet its commitment to providing quality health care to diverse populations. Your services help support La Clinica in making the best use of its fiscal resources, and they help connect the organization to other community groups and organizations. Volunteers can also be valuable advocates for La Clinica in the community.

We have various opportunities for volunteers within our clinics. If you are interested in becoming a volunteer, please fully complete this volunteer questionnaire, so we can learn more about you and your volunteer interests and availability.

Contact Information			
First Name:		Last Name:	
Mailing Address:		City:	State: Zip:
Home Phone:		Cell Phone:	
Email Address:		What languages are you fluent in?	
Please Check the Sites You Are Interested in Volunteering			
<input type="checkbox"/> Phoenix Health Center	<input type="checkbox"/> Central Point Health Center	<input type="checkbox"/> Birch Grove Health Center	
<input type="checkbox"/> Women's Health Center	<input type="checkbox"/> West Medford Health Center	<input type="checkbox"/> Acute Care Clinic	
<input type="checkbox"/> School Based Health Center (Various locations)	<input type="checkbox"/> Wellness Center	<input type="checkbox"/> The Learning Well	
<input type="checkbox"/> Administrative Departments			
Please Check the Program and/or Event You Are Interested in Volunteering			
<input type="checkbox"/> Happy Smiles	<input type="checkbox"/> Administration	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Dental Department	<input type="checkbox"/> Outreach Programs	_____	
<input type="checkbox"/> Migrant Camps	<input type="checkbox"/> Medical Department	_____	
<input type="checkbox"/> Raise Your Heart for Health			
Please Indicate the Days and Times You Are Available			
<input type="checkbox"/> Monday _____	<input type="checkbox"/> Tuesday _____	<input type="checkbox"/> Wednesday _____	
<input type="checkbox"/> Thursday _____	<input type="checkbox"/> Friday _____	<input type="checkbox"/> Saturday/Sunday _____	
What is your experience in the area you would like to volunteer?			
What experience would you like to gain from volunteering?			
Have you received services from La Clinica?			
Are you a Certified Community Health Worker? Y/N			

Please submit this questionnaire via email or fax:
Email: employment@laclinicahealth.org / fax (541) 494-1787