



Volunteer Application

*Please complete this form, attaching any necessary documentation, and return to:
Volunteer Coordinator at volunteers@bcccherokee.org Phone: 678-880-9654 Fax: 678-880-9751
Bethesda Community Clinic, 107 Mountain Brook Drive, Suite 100, Canton, GA 30115
www.bethesdacommunityclinic.org*

Name: _____ Date: _____

What area would you like to volunteer? _____

Home Address: _____

Birthday: _____ Phone: _____ Email: _____

Church or Congregation: _____ Occupation: _____

Employer Name/Address: _____

Are you a professional licensed in the state of Georgia? _____

Professional License Number: _____

Do you speak a foreign language? If so, please indicate language. _____

Special skills or certifications: _____

Present or previous volunteer experience: _____

How often would you like to volunteer? _____

How many hours per day would you like to volunteer? _____ Please indicate preferred days and times (circle all that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Mornings Afternoons

How did you hear about the Bethesda Community Clinic? _____

What interests you about volunteering here at the Clinic? _____

Are you completing these volunteer hours for school or other community requirement? _____

If so, please complete the following questions and attach any necessary paperwork:

School: _____ Area of Study and Year: _____

Required hours, duties, etc. _____

Supervisor's name, title, and phone number: _____

Is there anything else that you would like for us to know about you? _____

I hereby give my permission to have this application submitted for a background check with the GA Volunteer Coordinator.

Signature _____

Date _____