



VOLUNTEER INFORMATION APPLICATION NON MEDICAL

Date: _____

Name: _____

Address (City, State and Zip Code): _____

Phone: _____ Cell Phone: _____

Email address: _____

Place of Business: _____

Business Address: _____

Business Phone: _____ Fax: _____

YOUR BACKGROUND

What skills can you contribute to the LCFC? Please check all that apply:

Accounting	Marketing	Physician/Nurse
Investment	Education	Medical
Fundraising	Planning	Motivated
Community Relations	Lobbying	Team Player
Management	Public Relations	Public Speaking

Affiliations: _____

Charitable or community activities in which you have been involved in:

YOUR AVAILABILITY TO SERVE

Would you be interested in serving on our Board of Directors? _____ Yes _____ No

Do you have any conflicts of interest? _____

Would you be able to attend board meetings? _____ Yes _____ No

How many hours a month could you serve the Lorain County Free Clinic? _____

YOUR VIEWS ON THE LORAIN COUNTY FREE CLINIC:

(Use the reverse side for additional comments)

What is your interest in this organization?

Please write a brief statement of your understanding of the mission of the Lorain County Free Clinic: