

Outreach Volunteer Application



Volunteers with the Sacramento Native American Health Center must 18 years of age or older.*

I certify that I am at least 18 years of age.

Contact Information

First and Last Name			
Street Address			
City, State, Zip Code			
Phone	()		
E-mail Address			
What is the best way to contact you?	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	
Date of Birth*	Month:	Day:	Year:

Background

How did you hear about the Sacramento Native American Health Center (SNAHC)?

- Family Member Friend Online (SNAHC website, LinkedIn, etc.) Social Media My school
 Other (please specify): _____

Are you a current or former patient of SNAHC?

- Current Former Neither

Are you a former employee of SNAHC?

- Yes No

Availability

Which days are you available to volunteer at outreach events? Check all that apply.

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Interests

Do you have any specific outreach interests? Check all that apply.

- Native/Cultural events
 Maternal, Child, and Adolescent Health
 Behavioral Health
 Dental
 Health fairs
 Political events
 Other (please specify): _____
 No preference

Previous Volunteer Experience

Summarize your previous volunteer experience, if you have any.

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Person to Notify in Case of Emergency

Name	
Relationship to you	<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other (Please specify): _____
Cell Phone	
Home Phone	
Work Phone	

Agreement and Signature

By signing and submitting this application, I certify that the content and answers herein are true and complete, to the best of my knowledge.

Name (Please print)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Due to the nature of this organization, Indian Preference will be exercised in accordance with the Indian Preference Act (Title 25, US Code, Section 472 and 473). Applications claiming Indian Preference must submit documentation certified by the tribe of affiliation or other acceptable documentation of Indian heritage.

Thank you for completing this application form and for your interest in volunteering with us. We will reach out to you once your application has been reviewed.