



Havasus Community Health Foundation

2126 McCulloch Blvd N Suite 14
Lake Havasu City, AZ 86403
Phone 928 453-8190 Fax: 928 453-8236

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone number: _____

Emergency Contact Name: _____ Phone number: _____

What days are you available? _____ What hours: _____

Are you a full-time resident? Yes No

If not, what months are you usually here? _____

What types of volunteer work are you interested in doing? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Distribution of Flyers/Brochures | <input type="checkbox"/> Health & Wellness Programs |
| <input type="checkbox"/> Events & Health Fairs | <input type="checkbox"/> Office Support Team |
| <input type="checkbox"/> Facilitator | <input type="checkbox"/> Virtual Dementia Tour |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Open to learning new ways to help |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other _____ |

If you would be interested in serving on any of the committees, please check all that apply. More information about the programs available on our website:

<https://havasuscommunityhealthfoundation.org/programs>

- | | | |
|--|---|--|
| <input type="checkbox"/> Alzheimer's-Dementia | <input type="checkbox"/> Food Bank | <input type="checkbox"/> Student Assistance Program |
| <input type="checkbox"/> Behavioral Health Awareness | <input type="checkbox"/> Havasu Healthy Striders | <input type="checkbox"/> Veterans' Health Awareness |
| <input type="checkbox"/> Cancer Association of Havasu | <input type="checkbox"/> Havasu Heart Society | <input type="checkbox"/> Stonebridge Veterans' |
| <input type="checkbox"/> Dementia Connection of Havasu | <input type="checkbox"/> Parkinson's Support | <input type="checkbox"/> Victims Violence Counseling |
| <input type="checkbox"/> Diabetes Support In Havasu | <input type="checkbox"/> Stroke Support Group of Havasu | <input type="checkbox"/> #YOUmatter |

Skills/Experience _____

Do you have an interest in any other health-related issue(s) for which you might want to develop a support group or health related activity? Yes No

Brief Description _____

Would you be a chairperson for that group? ? Yes No

Signature

Date