



Please Return Completed Form To:

Donna Elliott

delliott@chcnorthcountry.org

or mail to 3 Commerce Lane, 7 Ublcb, NY 13669

If you have any questions, please call at (315) H J-ì H Í

VOLUNTEER REGISTRATION

Bcj Ya VYf' fX & (th, 2021 | 9am - 12:30pm

Community Health Center of the North Country | 102 Ford Street, Ogdensburg, NY 13669

Name: _____ Date of Birth: _____

Address: _____

County that you live in: St. Lawrence Franklin Jefferson Other: _____

Phone Number: _____

Email Address: _____

Occupation (Past occupation if retired): _____

Previous Volunteer Experience: _____

Why do you want to volunteer with CFVP?

Frequency of Volunteer Availability

Daily Weekly Semi-Weekly Monthly

I could visit/help more than one person..... Yes No

I am willing to visit with a smoker..... Yes No

Do you have any health or physical conditions that may limit your activities? Yes No

If yes, please describe: _____

Do you prefer In-Person Friendship Volunteer Training or Virtual Training via Zoom?

In-Person Training

Virtual Training via Zoom

How did you hear about our CFVP Volunteer Training opportunities? _____
