



# Havasu Community Health Foundation

## Volunteer Application

*Acoma Executive Plaza*  
94 Acoma Blvd. S. Suite 101  
Lake Havasu City, AZ 86403  
928.453.8190  
www.havasucommunityhealth.org

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

What days are you available? \_\_\_\_\_ What hours? \_\_\_\_\_

Are you a full-time resident?  Yes  No

If not, what months are you usually here? \_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> Fundraising           | <input type="checkbox"/> Distribution of fliers/brochures |
| <input type="checkbox"/> Office Support Team   | <input type="checkbox"/> Health and wellness programs     |
| <input type="checkbox"/> Events & Health Fairs | <input type="checkbox"/> Virtual Dementia Tour™           |
| <input type="checkbox"/> Mended Hearts™        | <input type="checkbox"/> Stuffing Envelopes               |

Please indicate which committee(s) you would like to serve on, if any. Please check all that apply. You may find out more information about our groups on our website.

- |  |   |
|--|---|
| <input type="checkbox"/> Better Breathers Club   | <input type="checkbox"/> Behavioral Health Awareness                |
| <input type="checkbox"/> Bosom Buddies Breast Cancer Support   | <input type="checkbox"/> Cancer Association of Havasu               |
| <input type="checkbox"/> Dementia Connection of Havasu   | <input type="checkbox"/> Diabetes Support in Havasu                 |
| <input type="checkbox"/> Fibromyalgia/Chronic Fatigue Support  | <input type="checkbox"/> Havasu Epilepsy Advocacy Team              |
| <input type="checkbox"/> Havasu Healthy Striders   | <input type="checkbox"/> Havasu Heart Society                       |
| <input type="checkbox"/> Men's Cancer Support  | <input type="checkbox"/> Stroke Support Group of Havasu             |
| <input type="checkbox"/> Veterans' Health Awareness  | <input type="checkbox"/> #YOUmatter; Suicide Awareness & Prevention |
| <input type="checkbox"/> HCHF Fund Development (designing fund raising events or donation campaigns)             |   |
| <input type="checkbox"/> HCHF Program Development (public education and coordinating with health care providers) |   |

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?

No  Yes: \_\_\_\_\_

If "Yes," would you be a chairperson for that group?  Yes  No

***Thank You! We look forward to working with you.***