



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 & Wellness Programs | <input type="checkbox"/> Events & Health Fairs | <input type="checkbox"/> Virtual Dementia Tour™ |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Stuffing Envelopes | <input type="checkbox"/> _____ |

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/COPD Bootcamp | <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

Signature _____

Date _____

Thank You! We look forward to working with you.