

# FAMILY HEALTH PARTNERSHIP CLINIC DATA SHEET – VOLUNTEERS

Name \_\_\_\_\_

Office Address \_\_\_\_\_

Office Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Volunteer Position Interested \_\_\_\_\_

Special Skills \_\_\_\_\_

Birthdate \_\_\_\_\_ Language(s) spoken \_\_\_\_\_

In case of emergency contact \_\_\_\_\_

Days and Times Available \_\_\_\_\_

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

Please mail back to:  
Family Health Partnership Clinic  
Kathy Rauch  
13707 W. Jackson Street  
Woodstock, IL 60098  
(815) 334-8987 Ext. 18

7/09

THANK YOU!!!!