



## Volunteer Application

**Check the appropriate group:**

- American Red Cross  
 BRHC Auxiliary  
 Chaplain  
 Hospice Companion  
 Joint Center Coach

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

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

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I am a(n)     Adult         College Student         High School Student

I am available to volunteer         Sunday  
    Monday  
    Tuesday  
    Wednesday  
    Thursday  
    Friday  
    Saturday

I prefer volunteering in the         morning     afternoon     evening

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application to  
Bothwell Regional Health Center  
Volunteer Coordinator  
601 E. 14<sup>th</sup> St.  
Sedalia, MO 65301