



Volunteer Application

Check the appropriate group:

- American Red Cross
 BRHC Auxiliary

- Volunteer Chaplain
 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. 14th St.
Sedalia, MO 65301