



# COASTAL MEDICAL ACCESS PROJECT

PO Box 1357 - Brunswick GA 31521

## Application for General Support Volunteers

(Send completed form to the Volunteer Coordinator by email, fax or U.S. mail)

[jgriffis@cmapga.org](mailto:jgriffis@cmapga.org)

Fax 912-554-8344

PO Box 1357, Brunswick GA 31521

### NAME

(Title: Mr., Ms. etc) (Name – first, middle, and last with suffix i.e., Jr., MD, etc.)

Birthdate

Home Address

Business Address

City/State/Zip

City/State/Zip

Home Phone

( ) -

Business Phone

( ) -

Home Email

Business Email

### EMERGENCY NOTIFICATION

(Person to contact in case of emergency or illness.)

Name

Relationship

Phone #1

( ) -

Phone #2

( ) -

### EMPLOYMENT STATUS

Full Time

Part Time

Retired

Homemaker

Student (school/program/degree )

Other

### EDUCATION

Less than High School

High School

Technical School Certification ( )

Some College

College Degree ( )

Post Graduate Degree ( )

### VOLUNTEER SERVICE AVAILABILITY: (Check when and where you prefer to volunteer.)

MONDAY  DAY  EVENING

TUESDAY  DAY  EVENING

WEDNESDAY  DAY  EVENING

THURSDAY  DAY  EVENING

FRIDAY  DAY  EVENING

#### SEASONS:

SPRING  SUMMER  FALL  WINTER

#### LOCATION:

Henri Woodman Clinic (Brunswick)  MedBank (Brunswick)

Henri Woodman Clinic (Kingsland)  Administrative Offices (Brunswick)

### LIST ANY SPECIAL SKILLS/EXPERIENCE BELOW:

\_\_\_\_\_

**REFERENCES REQUIRED**

Personal Reference #1

Name

Phone (     )     -

Date range of years known

Personal Reference #2

Name

Phone (     )     -

Date range of years known

Professional Reference #1 (current or former employer)

Name

Phone (     )     -

Date range of years known

Professional Reference #1 (current or former employer)

Name

Phone (     )     -

Date range of years known