



Clinic Volunteer Registration Form

8/21/08



Please give your completed form to a Volunteer Coordinator or mail to:

*MDA #31 Volunteer Committee
P.O. Box 236
Windsor, CT 06095-0236*

DATE: _____

PLEASE PRINT CLEARLY – ALL FIELDS ARE REQUIRED

FIRST NAME: _____ LAST NAME: _____

Mailing Address: _____

Town: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Work + ext) _____

Cell Phone: _____ Pager: _____

Home Email: _____

Work Email: _____ Fax: _____

Gender: (circle) Male Female Date of Birth: _____

Which is the BEST way to reach you in an emergency? _____

Do you have any experience or interests that would be useful in a clinic?

- Customer Service
- Food Service
- Public Speaking/Media
- Secretarial
- Other _____

- Medical Area: _____
- Technology
- Translation
- Language(s): _____

We will use this information for planning purposes, and we will contact you with more information and training opportunities. You may change your mind at any time.

Thank you for registering with MDA #31! For information or to leave a message for the committee members, please call the Clinic Volunteer Line at 285-1964.