



Health And Life Organization, Inc.

dba Sacramento Community Clinics

An FQHC-LA 501(c)(3) Non-Profit Organization

www.halocares.org

7275 E. Southgate Dr., Suite 204
Sacramento, CA 95823
(916) 428-3788

2200 Del Paso Blvd.
Sacramento, CA 95815
(916) 924-7988

5524 Assembly Court
Sacramento, CA 95823
(916) 642-1867

3030 Explorer Drive
Sacramento, CA 95827
(916) 642- 1868

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with our organization. Please complete this application and email the application along with copies of your most current TB test results to mthao3@halocares.org. A representative from the organization will contact you within 2-4 weeks to inform you if there is a volunteer opportunity available for you. If you do not hear from us within 2-4 weeks, please follow up with us.

Volunteer Information

Name (Last, First, Middle Initial)	Date of Birth	Social Security No.	
Street Address	City	State	Zip Code
Phone No.	Email Address		

Emergency Contact Information

List below two person we can reach in an event of an emergency.

Name	Relationship	Phone No.
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Volunteer Opportunity Inquires

- How many hours of volunteer service are you looking to provide our organization? _____
- Which of our clinics would you like to volunteer? Provide the address of the clinic below.

- When will you be available to start?

4. What are your available times?

5. Are you currently attending school? _____ If yes, please provide the school information below.

Volunteer's Affirmation & Signature

I affirm that the information I have provided in this application is true to the best of my knowledge and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application and that providing false or misleading information in this application is grounds for discharge.

Volunteer Applicant's Signature

Date