



VOLUNTEER INTEREST FORM

Date: _____

Name: _____

Address: _____

City: _____ Zip Code: _____

Contact Phone Number: _____

Email Address: _____

Professional Volunteer: _____ Clinic Interest: _____ Medical _____ Dental

Non Professional Volunteer: _____ Interest: _____ Clerical _____ Outreach

Knowledge of Marillac Clinic: _____ Yes _____ No

Foreign Language/s: (speak or write) _____

Background: _____

School/Education: _____

Employment: _____

Availability: _____

Note: Marillac Clinic has a mandatory flu vaccine requirement for the months of November 1, through March 31. A flu vaccine documentation record is required.

Contact: Kristy Schmidt, Community & Donor Relations Director
Marillac Clinic, 2333 N. 6th Street, Grand Junction, CO 81501
Kristy.schmidt@selhs.net