



# Volunteer Registration

## CONTACT INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CAN WE TEXT YOU? Yes / No \_\_\_\_\_ EMAIL \_\_\_\_\_

## VOLUNTEER INFORMATION

1. I am most interested in serving in the following areas:

☐ **Provider** | Please specify (MD/DO, DMD/DDS, NP, PA, RDH, DA): \_\_\_\_\_

☐ **Patient Care Attendant** | Please specify (RN, LPN, MA, CNA): \_\_\_\_\_

☐ **Interpreter** | Please specify your language(s): \_\_\_\_\_

☐ **Other** | Please specify your volunteer interest: \_\_\_\_\_

2. On what days are you available to volunteer?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

3. On which shifts would you be interested in volunteering?

☐ 8 am-4 pm ☐ 8 am- Noon ☐ Noon-4 pm ☐ 4 pm-8 pm

4. I am available to volunteer beginning (date): \_\_\_\_\_

5. I am affiliated with (school, church, etc.): \_\_\_\_\_



**RETURN TO: Good Samaritan Health Center of Gwinnett**

5949 Buford Hwy., Norcross, GA 30071

678-280-6630 Phone | 678-280-6635 Fax | [contactus@goodsamgwinnett.org](mailto:contactus@goodsamgwinnett.org)

[www.goodsamgwinnett.org](http://www.goodsamgwinnett.org)