



Crossings Community Clinic

Volunteer Response Form

Personal Contact Information		
Name		
Address	City, ST	Zip Code
Phone	Other Phone	
E-mail		
Volunteer Information		
Amount of time willing to volunteer in Clinic		
hrs/week	<input type="text"/>	hrs/month <input type="text"/> Other <input type="text"/>
Available times during Clinic hours	<input type="text"/>	
Do you speak a second a language?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	Language	<input type="text"/>
Have you ever worked/volunteered in a medical facility?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, what were your responsibilities?	<input type="text"/>	
What would you like to do to help the Clinic?	<input type="text"/>	
Please list any Special Gifts, Talents		
<input type="text"/>		

RETURN YOUR COMPLETED FORM TO
MICHELE PRINCE, MISSIONS MINISTRIES
14600 N. PORTLAND AVE.
OKLAHOMA CITY, OK 73134