

Application to Volunteer at Lawndale Christian Health Center (LCHC)

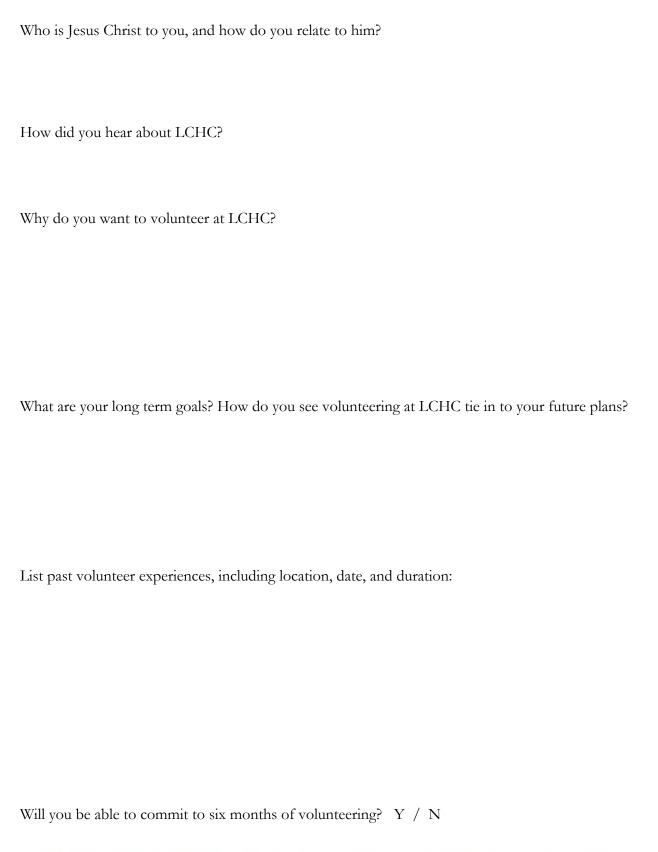
Please contact Timothy (ShengZhou@Lawndale.) or Shane Zhou					
Contact Information	on							
			/	/				
Last Name	First Name		Date of Birth					
Street Address								
City	State	Zip	_					
()								
Contact Number		E-mail						
Circle one: home / ce	ell / work							

Field of Study

College and Year of Graduation



Short Responses





Volunteering Preferences

We ask that o	ur volunteers o	commit to a <u>m</u>	inimum of 2 h	ours per weel	k.			
How many hours can you commit weekly?								
We have volunteer orientation in the afternoon on the last Friday of every month. This orientation is where all of the training occurs for our volunteer program. Are you able to attend this training? Y / N $$								
Do you speak Spanish? Y/N If so, rank your fluency: fluent / moderate / minimal								
Times available to volunteer: please ✓ or ✗ all times you are available, then shade in your 3 most preferred hours.*								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
9-10 AM								
10-11 AM								
11-12 PM 12-1 PM								
12-1 PM 1-2 PM								
2-3 PM								
3-4 PMz								
4-5 PM								
*Please note that while we try the best to honor your time preferences, volunteer assignments are based on the needs and availability within the clinic, so you may be asked to volunteer at time that you did not indicate.								
Please rank your preferences (1-4) for where you would like to volunteer (attached is a summary):								
Waitin Marke	g room reader g room musici ting/Outreach t Portal assistan	Volunteer						

*** It is strongly recommended you send us a resume.