

ITHACA HEALTH ALLIANCE & ITHACA FREE CLINIC

VOLUNTEER APPLICATION



(Please Print Legibly)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title(s)/Licensure/Certifications: \_\_\_\_\_

(Contact Information – Please \* the best way to contact you)

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other: \_\_\_\_\_

Areas of Interest or Expertise

- Healthcare Professional
- Administrative volunteer (Ithaca Free Clinic reception & discharge, management projects)
- Finance Committee (financial oversight, develop policies & procedures for Ithaca Health Fund and review grant and loan requests)
- Clinic Operations Committee (management & support for Ithaca Free Clinic, develop policies & procedures for clinic)
- Community Relations Committee (promotion, advertizing, and writing projects; coordinate educational programs and produce quarterly newsletter)
- Development Committee (write grants, coordinate fundraising events, plan development of new IHA services and areas of service expansion)
- Special 1-time projects

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For Office Use Only:

Information Added to Membership Data Base/Date \_\_\_\_\_

Copies of Credentials on File/Date \_\_\_\_\_

Date of Membership \_\_\_\_\_

Membership Discontinued/Date \_\_\_\_\_

Reason \_\_\_\_\_