

# CONNECT MEDICAL CLINIC

For Sexual Health & Pregnancy

## Volunteer Application

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Best number to reach you

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

City/State/Zip: \_\_\_\_\_

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

Why are you interested in volunteering at Connect Medical Clinic?

\_\_\_\_\_  
\_\_\_\_\_

Work and Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_

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

**Prayer Team - Do you want to join us in Prayer via email or join a private Facebook Group?**

Email: Same as Above / \_\_\_\_\_ Facebook Name: \_\_\_\_\_

**Outreach Team - Patient Facing**

Help distribute posters, flyers and brochures in our community to recruit patients and educate on patient services, put together milestone gift baskets, manning tables at public events

**Fundraising Team - Donor Facing**

Making phone calls to donors, sending cards, registration or volunteer at fundraising events

Be a Lay Liaison between Connect Medical Clinic and your congregation (or organization)

**Youth Ambassador**

Volunteers under the age of 18 can participate in all three of the above Volunteer Teams  
Be knowledgeable about CMC, their mission and services, and communicate to their peers

**Other**

I have a special skill I'd like to share with the clinic: \_\_\_\_\_

I have a nursing background and would like to volunteer at events: \_\_\_\_\_

When are you available? (circle) M / T / W / Th / F / Weekends AM / PM

Fall / Winter / Summer / Spring / School Year **JUST CALL ME!**

Drop off or mail to: 683 State Avenue North, Suite E., Dickinson, ND 58601