



Lower Lights

Christian Health Center

Volunteer Profile

Background Information:

Name: _____

Address: _____

Email Address: _____

Best Phone Number to contact you: _____

Contact Preference (circle one): EMAIL PHONE

Church Affiliation (voluntary): _____

Current Place of Employment: _____

Number of Hours Worked: _____

Type of Work: _____

Level and Type of Education: _____

FOR OFFICE USE ONLY

Date Received: ____/____/____

COC Approval: _____ ____/____/____

COO/CEO Approval: _____ ____/____/____

Volunteer Information:

How did you hear about LLCHC? _____

Why are you interested in volunteering at LLCHC? _____

What special skills or interests do you have that you want to use at LLCHC? _____

How much time do you realistically have to donate? (4 hrs. per week, 8 hrs. per month, etc.)

What days and times work best for you?

Day	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

What would you like to get out of your time at LLCHC? _____

Do you have any past or pending criminal charges or convictions? If yes, please provide date and explanation. ___ Yes ___ No

Please mail this form to **Lower Lights Christian Health Center, 1160 W. Broad Street, Columbus, OH 43222**. We will make every attempt to promptly review your information. If we have an immediate need for your services, you will receive a phone call from us. If we do not have an immediate need, you will receive a letter and your profile will go in our volunteer notebook for future reference. Either way, please know how grateful we are for your interest in the Health Center and willingness to volunteer. As our services and size grow, we will have an increasing need for volunteers. In the meantime, please partner with us in prayer for the ministry.