



ANGELS OF GRACE COMMUNITY WELLNESS CENTER VOLUNTEER APPLICATION

Date _____

Name _____

Address _____ City _____ Zipcode _____

Email address _____

Daytime Phone Number _____

Church affiliation (optional) _____

Previous volunteer experience:

Areas of interest at Angels of Grace Community Wellness Center:

Appropriate training will be provided;

** Denotes the position requires experience and certification*

Medical assistant (Includes nurses, nursing assistants, phlebotomist, etc.)*

Clerical

Receptionist/telephone

Newsletter

Mailings

Fundraising

Other, please explain:

Emergency contact:

Name _____ Phone number _____

P.O. Box 1510 | Cairo, Georgia 39828 | (229) 397- WELL (9355)

www.angelsofgracewc.org

angelsofgracewellnesscenter@gmail.com