Equality Health Center
Quality • Compassion • Respect

Volunteer Form

Name _____

Pronouns _____

Address _____

City/State/Zip _____

Phone # _____

Email _____

I am interested in volunteering for the following types of activities:

- ☐ EHC Clinic Escort
- ☐ Office Helper
- ☐ Event Helper
- ☐ Board of Directors
- ☐ Committee Member
- ☐ Handyman or IT
- ☐ Other

Tell us more about you! Why are you interested in volunteering for EHC?

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