Catastrophic Health Planners, Inc.

Address: 255 Clifton Boulevard, Suite 202, Westminster, Maryland 21157
Phone: 410-871-0751 **Fax:** 410-871-0752 **Email:** info@chp1.org **Website:** www.chp1.org

VOLUNTEER APPLICATION

Today's Date: _____ Date you wish to start: _____

Please complete this application and return to the Volunteer coordinator at Catastrophic Health Planners, Inc. All new volunteers must meet with a CHP representative prior to volunteering to review CHP volunteer policies and procedures.

Name: _____ _____ _____
First Middle Last

Address: _____

Phone Numbers: _____ _____ _____
Home Mobile Work

Email Address: _____ **Fax Number**: _____

Date of Birth: _____
(if you are less than 18 years of age, please provide the name, address, home and work telephone numbers of your parents or guardian).

Guardian: _____ _____ _____
First name Middle name Last name

Address: _____

Phone Numbers: _____ _____ _____
Home Mobile Work

Email Address: _____ **Fax Number**: _____

Volunteers over the age of 18 must complete the following. These questions are asked for the protection of our staff and volunteers.

Have you ever been convicted of a felony? ○ Yes ◉ No

Have you ever been convicted of a sexual offence? ○ Yes ◉ No

_____ _____
How did you hear about us? Applicant's (or Guardian's, if volunteer is less than 18) Signature