



Application to Volunteer at CMH

PLEASE PRINT

Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Phone Home _____

Work _____

Cell _____

Date of Birth _____

When is the best time of day to contact you? _____

When would you like to volunteer?

Frequency _____

Day (s) of week _____

Time of day _____

Length of day _____

What would you prefer to do while volunteering? _____

Signature _____ Date _____

For more information, call Sharon Doebler
at 218-879-4641, ext. 7142.

Return this form in person or by mail to
Sharon Doebler, Community Memorial Hospital
512 Skyline Boulevard, Cloquet MN 55720.

Or fax to 218-879-9167, Attn: Volunteer Office