



Thank you for your interest in the Volunteer Program at Urban Health Plan. Please complete this application and return by email, fax or regular mail to:

Ms. Pauline Cruz
1515 Southern Boulevard, 2nd Fl.
Bronx, NY 10459
718-589-1687 Ext. 2933
Fax (718) 589-1721
pauline.cruz@urbanhealthplan.org

All applicants will be contacted to arrange an interview. For more information please phone or email Ms. Cruz.

Name_____
Address_____

Phone_____ Email_____
Birthday_____
Emergency Contact_____

How did you hear about Urban Health Plan, Inc.

Please indicate your age group below:

Youth (12-18)_____

Adult (19+)_____

Senior (65+)_____

Experience:

1. Please describe any previous volunteer or work experience

2. List any volunteer organizations in which you have served.

3. Please indicate any specific skills you have that would benefit Urban Health Plan, Inc.

Areas of Interest:

1. Please let us know when you are available to work:

Monday__ Tuesday__ Wednesday__ Thursday__ Friday __ Saturday __

2. Specify the range of hours per week you think you would be able to commit to volunteering.

2-5__ 6-10__ 11-15__ 16-20__ 21-30__ 31-40__

3. Please tell us your area of interest:

Clerical _____ Patient Education _____ Special Events _____

Translator _____ Communications _____ Patient Services _____

4. Tell us why you want to volunteer at Urban Health Plan, Inc.

5. Please give us at least two personal or professional references: