

**HEALTH MONITOR NETWORK COMMUNITY HEALTH AMBASSADOR Volunteer Application Form**

Thank you for completing the following volunteer form.

Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ (eve) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

How did you first hear about Health Monitor Network’s Community Health Ambassador program? \_\_\_\_\_

Have you volunteered for a healthcare organization in the past? \_\_\_\_ If yes, when and what capacity? \_\_\_\_\_

What would you like to accomplish as a Community Health Ambassador? \_\_\_\_\_

Are you passionate about a specific condition? If so, which? \_\_\_\_\_

Please list any special skills or training that might be helpful (i.e. public speaking, social media, foreign language, etc)

Have you ever been convicted of a felony? No \_\_\_\_ Yes \_\_\_\_ If yes, please explain \_\_\_\_\_

Please list any individuals, with their contact information, who you think we should contact for the purpose of joining our Community Health Ambassador team: \_\_\_\_\_

Please provide the contact information of one professional reference. We may or may not contact these individuals.

Name/Organization/Title	Relationship to you	Phone & E-mail
_____		

**Please read the following carefully before signing this application:**

I understand that this is an application, not a guarantee of a volunteer opportunity.

I certify the information contained in this application is true, correct, and complete. I understand that if engaged as a volunteer, false statements reported on this application may be considered sufficient cause for termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return this form to:**

Health Monitor Network  
Attn: Community Health Ambassador  
135 Chestnut Ridge Road  
Second Floor  
Montvale, NJ 07645

Or fax to 201-225-1440