

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
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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