

HEC VOLUNTEER FORM

Name: _____

Date: _____

Daytime Phone Number: _____

Fax Number: _____

Email Address: _____

Occupation: _____

Days and hours you are available to volunteer:

Day: _____

Hours: _____

Day: _____

Hours: _____

Day: _____

Hours: _____

HEC projects of interest (check all that apply):

Breast Cancer _____

Nutrition _____

Tobacco _____

Physical Activity _____

Asthma _____

Other _____

What type of volunteer work do you prefer?

Health Fair _____

Health Screenings _____

Office Assistance/ Maintenance _____

Public Speaking/ Presentations _____

Fundraising _____

Serving as a committee member _____

Please fax this completed form to:
Health Education Council
Fax (916)446-0427

Thank you for your interest!