



Brock Hughes Medical Center

Volunteer Information Form

Date: _____

Name: _____ Birth Date: ____/____/____

Mailing Address: _____

Best Contact Phone # _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Personal References:

1. Name: _____ Address: _____

Phone # & Email: _____

2. Name: _____ Address: _____

Phone # & Email: _____

Please explain your reasons for wishing to volunteer at Brock Hughes Medical Center.

What skills and experience do you bring to the Clinic?

Please email the completed form to slinkous@bhfreeclinic.org, fax to 276-223-0015,
mail to 450 West Monroe Street, Wytheville, VA 24382, or drop it off at the front desk in the BHMC.

We appreciate your interest in becoming a volunteer!