美華慈心關懷聯盟
Chinese American Coalition for Compassionate Care
www.caccc-usa.org

Volunteer & Membership

☐ **New** ☐ **Update Information**

Date _____ **I would like to join CACCC as a** ☐ **Member** ☐ **Volunteer**

Full Name (include any degree/title) _____

Chinese Name (if applicable) _____

Home Address _____

Email _____ **Cell Phone** _____

Home Phone _____ **Business Phone** _____

Emergency Contact _____ **Emergency Contact Phone** _____

Language(s)

Verbal: ☐ English ☐ Mandarin ☐ Cantonese ☐ Taiwanese ☐ Other _____

Written: ☐ English ☐ Chinese ☐ Other _____

How did you learn about CACCC? _____

Your available time for volunteer work? ☐ Weekday ☐ Weeknight ☐ Saturday ☐ Sunday

Skills: ☐ Chinese Typing ☐ Data Entry

Volunteer Area(s) of Interest

☐ Events ☐ Fund Development ☐ Membership ☐ Photo/Video/Design

☐ Curriculum Development* ☐ Heart to Heart® Café* ☐ Patient Visit*

☐ Interpretation* ☐ Translation* ☐ Speaker's Bureau* ☐ Public Relations*

☐ Warm Line* ☐ Website &Social Media ☐ Other _____

Optional-statistical purposes only:

Ethnic Group _____ ***Current Employer*** _____

Please mail completed application to:
Chinese American Coalition for Compassionate Care
P.O. Box 276, Cupertino, CA 95015

Or email to: info@caccc-usa.org

Applicant Signature:

_____

For Admin Purposes:
☐ Roster
☐ Admin
☐ Scan

*Prerequisite required