



Special Services Volunteer Involvement Form

136 W. Peoria Street • Pasadena, CA 91103
 phone: (626)795-5166 • fax: (626)795-8154

Volunteer Provider's Information:

Name: _____
First Middle Last

Today's Date: _____ / _____ / _____ Birthday (Month/Day): _____ / _____

Specialty: _____

Business or Group Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address _____

Do you have bilingual capabilities at your facility? yes no Language(s): _____

Do you accept: MediCal Covered California

Business Description & Liability Insurance:

Please describe the nature of your business/group: _____

Liability Insurance Carrier: _____

Please attach a copy of your certificate of liability insurance.

May we use your business/group name in Young & Healthy publications? yes no

Do you have colleagues whom you believe would be interested in learning more about Young & Healthy?

(Name & contact info) _____

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Treatment Component:

I am willing to offer the following services to Young & Healthy (check all that apply):

- I will provide _____ free session(s) per week.
- I will provide _____ free session(s) per month.
- I will see _____ child/children through the course of their particular illness/situation.
- I would be happy to provide care for young adults leaving foster care.
- Other/Additional comments: _____

Specific times & days of the week that you are available:

- AM** Monday Tuesday Wednesday Thursday Friday
- PM** Monday Tuesday Wednesday Thursday Friday

Education Component:

I am willing to give group lectures or participate in small group discussions with parents in the community to help them better deal with their children's health needs and I would be willing to lead discussion session on the following topic(s):

Schedule Availability (check/circle all that apply)

- Monday Tuesday Wednesday Thursday Friday Saturday
AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve AM/PM/Eve

As part of my professional response to the need for health care of large numbers of uninsured children in the Pasadena community, I am volunteering the services I have checked above for children identified by Young & Healthy.

Provider's Signature: _____ **Date:** _____

Please mail, FAX or email this form to:
Young & Healthy, 136 West Peoria Street, Pasadena, CA 91103, Fax: (626) 795-8154,
email: info@yhpasadena.org