

**CONTRA COSTA COUNTY PUBLIC HEALTH HOMELESS PROGRAM**  
**HOMELESS HEALTH CONNECT**  
**CENTRAL COUNTY**

**COMMUNITY VOLUNTEER FORM**

**We need your help!**

Donate your time for a one-day/one-stop shop to offer a variety of health and wellness services to people experiencing homelessness.

Full Name:

Mailing Address:

City & Zip:

Home Phone:

Cell Phone:

e-mail address:

How did you hear about this event?

Are you coming on behalf of (please check all that apply):

- County     Other affiliation (faith/non-profit/service club) \_\_\_\_\_  
 None

Availability (check all that apply):

- 6:00am - 9:00am (specifically for setup, September 16th)  
 7:00am - 12:30pm  
 12:15pm - 4:00pm

Special Skills / Limitations:

- Translation - Language(s): \_\_\_\_\_  
 Do you have any special skills you would like to offer (please list):

- Do you have any limitations that must be considered (please list):

**Thank you for your interest and your generosity!**

**Please fax this form to: 925-313-6761 or  
email to: [projecthomelessconnect@hsd.cccounty.us](mailto:projecthomelessconnect@hsd.cccounty.us)**

Content provided by the Contra Costa County Public Health Homeless Program.