



**DATE:** SATURDAY, SEPTEMBER 12, 2009  
**TIME:** 7:00 a.m. until 3:30 p.m. (Variable shifts are not available!)  
(Please plan to stay for the entire shift.)  
**PLACE :** Phoenix University School, 735 E. Fillmore Street  
(previously Phoenix Preparatory School)  
**ATTIRE:** Jeans/Slacks; T-Shirt (to be provided); Comfortable Shoes

**FAX OR SUBMIT TO:** (602) 256-2749 **OR** send to Lisa Silva at Maricopa County Medical Society, 326 E. Coronado Rd, Suite 101, Phoenix, Arizona 85004  
**(Please Don't Do Both)**

## NON-PHYSICIAN VOLUNTEER REGISTRATION FORM

Please **TYPE OR PRINT** a separate form for each volunteer, including your spouse or friends.  
Age required is **18** years or older.

Name: \_\_\_\_\_ Gender:  Male  Female  
Employer/School: \_\_\_\_\_  
Phone: (Work) \_(\_\_\_\_\_) \_\_\_\_\_ (Home) (\_\_\_\_\_) \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_  
Do you speak conversational Spanish?  Yes  No  
I am willing to be there at 5:00 pm the day before to help set up  Yes  No  
I am willing to stay until 5:00 p.m. the day of to help clean up  Yes  No  
Please indicate what area(s) you have previously volunteered for: \_\_\_\_\_  
Have you been recruited for a specific area?  Yes  No If so, which area? \_\_\_\_\_  
Qualified to do:  Heights/Weights  Blood Pressures  Translator  Doctor Registration  
 Tally  Direct kids to specific area  Other, please specify: \_\_\_\_\_  
T-Shirt Size  Medium  Large  X- Large  XX-Large  XXX-Large  
Are you a .....  Medical Student  RN  Student Nurse  MA  
I work for HEAD START  Yes  No

**All volunteers: Please bring a watch with you**

**QUESTIONS:** Penny Martin at (602) 712-9200 or Email: [acthealthfair@cox.net](mailto:acthealthfair@cox.net)  
Mon. thru Fri. 9 a.m. – 6 p.m.