



## JCPH Clinical Services Division Volunteer Inquiry

If you are interested in volunteering with the Johnson County Public Health Clinical Services Division, complete the form below and email to Debra Ackerman at [dackerman@johnsoncountyiowa.gov](mailto:dackerman@johnsoncountyiowa.gov).

### Personal Information

---

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Volunteer Information

---

Check all that apply

Why are you interested in volunteering?:

Are you interested in a specific program?:

Personal Interest

WIC

School/Class

Immunizations

Community Service

Maternal Health

Practicum

Child Development

Internship

Oral Health

Other: \_\_\_\_\_

Sexual + Reproductive Health

If you are volunteering for school or a class, please complete the following:

School/University: \_\_\_\_\_ Hours required: \_\_\_\_\_

Is there anything else you would like us to know? \_\_\_\_\_

---

---