



**美華慈心關懷聯盟**  
 Chinese American Coalition  
 for Compassionate Care  
[www.caccc-usa.org](http://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<sup>®</sup> 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

Applicant Signature: \_\_\_\_\_

Or email to: [info@caccc-usa.org](mailto:info@caccc-usa.org)

\*Prerequisite required

For Admin Purposes:

- Roster
- Admin
- Scan