



VOLUNTEER APPLICATION

410-467-7146

Date _____

Personal Information

Name			
Street Address			
City, State, Zip Code			
Home Phone		Additional Phone	
Birth Date		E-Mail Address	
Emergency Contact		Emergency Contact Phone	
Community, organization, or church affiliation(s)			
How did you hear about Shepherd's Clinic?			

Experience Related Information

Highest level of education and/or training			
Type of volunteer work preferred			
<input type="checkbox"/> Clerical	<input type="checkbox"/> Answer phones	<input type="checkbox"/> Filing	<input type="checkbox"/> Data entry
<input type="checkbox"/> Nursing	<input type="checkbox"/> Registered Nurse	<input type="checkbox"/> Licensed Practical Nurse	<input type="checkbox"/> Other

Licensed Independent Professional - will complete the FTCA Credentialing and Privileging Application
Please provide copy of: 1) license 2) driver's license 3)C.V.

<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Physician Assistant
Scope of practice or Specialty		

Why do you wish to volunteer at the clinic? Give a few details about personal interests or hobbies.

Days/times available

Prior Work Experience

(This includes recent relevant professional and/or volunteer work. Do not complete if you have an up-to-date resume).

Place of employment			
Address			
Phone		Supervisor	
Describe position held			
Dates of employment		Reason for leaving	

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Address			
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Have you ever been convicted of a crime?

<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please provide details)
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Signature _____ **Date** _____

For clinic staff: Database HIPAA Name Tag Schedule