

FOUNDER
 Viola Startzman, M.D.

EXECUTIVE DIRECTOR
 Jaime Parsons

MEDICAL DIRECTOR
 Eric A. Smith, M.D.

CRNP
 Barbara Tickton



VOLUNTEER APPLICATION

Date of application _____

Name _____

Address _____

Phone number _____ Date of birth _____

E-mail address (if applicable) _____

Please complete the following if we may contact you at work:

Employer _____

Work Address _____ Phone _____

Volunteer assignment desired (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> medical provider (FP or IM; MD, DO, NP, or PA)* | <input type="checkbox"/> Spanish interpreter |
| <input type="checkbox"/> dentist* | <input type="checkbox"/> clerical |
| <input type="checkbox"/> RN, LPN, MA, or EMT* | <input type="checkbox"/> maintenance |
| <input type="checkbox"/> dental assistant* | <input type="checkbox"/> mailings |
| <input type="checkbox"/> data entry | <input type="checkbox"/> *Please include your license number |
| <input type="checkbox"/> fundraising | |

Area(s) of expertise _____

Days/hours available _____

How did you choose to inquire about volunteering at Viola Startzman Free Clinic (VSFC)? _____

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Current or Most Recent Employment Experience

Employer _____

Address and Phone Number _____

Description of duties and dates of service _____

Volunteer Experience(s)

Please describe any current or previous volunteer experiences you have had, including name and address of organization(s), years of service, and description: _____

Why do you feel you would like to volunteer at the VSFC? _____

Are you currently, or have you ever been, a patient at the VSFC? _____

If so, when? _____

References

Please provide the following information for 2 people who may provide information relative to your character and suitability for volunteer work in a free clinic. We will contact all references in writing or by phone.

Name	Address/City/State/Zip	Phone	Relationship
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1. _____

2. _____

Thank you for your interest in the VSFC.
We look forward to working with you!