

LAKE AREA FREE CLINIC VOLUNTEER APPLICATION License # _____

Applicants name: _____ Date: _____
Address _____ City _____ Zip _____
Phone: Home (____) _____ Work (____) _____ Email _____
Emergency contact _____ Ph # _____ Relation to applicant _____
Social Security Number _____ Birthday (Month, Day) _____

Position desired _____ Available Tuesday? _____ Thursday? _____

Availability: Weekly ___ Twice monthly ___ Monthly ___ Other: _____

Do You Have a current license in the state of Wisconsin for: (Check if applicable)

- | | | |
|---|--|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Dentist | <input type="checkbox"/> Laboratory Technician |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Physician's Assistant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Pharmacist | _____ |

Do you carry malpractice Insurance? Yes ___ No ___ Health care professionals will be enrolled the Volunteer Health Care Provider Program (Wisconsin statute ch. 146.89) for additional liability coverage.

Date of last TB: _____

Special Skills or Work experience:

- | | | |
|---|--|---|
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Painting, decorating |
| <input type="checkbox"/> Clerical experience | <input type="checkbox"/> Human services | <input type="checkbox"/> Pharmacy tech |
| <input type="checkbox"/> Clinic Management | <input type="checkbox"/> Laboratory tech | <input type="checkbox"/> Social work |
| <input type="checkbox"/> Computer Operation | <input type="checkbox"/> Medical clinic experience | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Computer programming | <input type="checkbox"/> Office management | |
| <input type="checkbox"/> Other: _____ | | |

Do you speak Spanish? Yes ___ No ___ Additional Languages _____

AUTHORIZATION & RELEASE I certify that the information I have provided is complete & accurate to the best of my knowledge. I release from any liability representatives of the Lake Area Free Clinic for their acts in connection with evaluating my application, references and credentials.

I understand that the position I am applying for is voluntary and for which there will be no monetary compensation.

Please Complete and return to: _____ SIGNATURE _____