



Volunteer Registration

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office address: _____

Home Phone: _____ Office Phone: _____

Fax: _____ Cell Phone: _____

Email: _____ DOB: _____

How you heard about Mobile Medical Care: _____

What Services can you offer Mobile Medical Care? *(please indicate below)*

- | | |
|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Clinic Registrar |
| <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Clerical Office Assist |
| <input type="checkbox"/> Nurse Practitioner | <input type="checkbox"/> Accountant |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Lawyer |
| <input type="checkbox"/> Diabetic Educator | <input type="checkbox"/> Fundraising and Dev |
| <input type="checkbox"/> Licensed Practical Nurse | <input type="checkbox"/> Facilities Repair/Han |
| <input type="checkbox"/> Diabetic Educator | <input type="checkbox"/> Registered Dietician |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Interpreter (language) _____ | |

Period of Projected Availability

- | | | |
|------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Afternoon | <input type="checkbox"/> 1x Monthly |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Evening | <input type="checkbox"/> 2x Monthly |
| <input type="checkbox"/> Thursday | | |
| <input type="checkbox"/> Friday | | |

When are you prepared to start? _____

When can you participate in an orientation/training?

Which days? _____

Which Evenings? _____

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dyman
