



Volunteer Application

Name:		
Street Address:		
City:	State:	Zip Code:
Date of Birth:	Email Address:	
Home Phone #:	Cell Phone #:	Work Phone #:
Employer:	Employer Address:	
Emergency Contact		
Name:		Phone #
Professional License #: (if applicable)	Professional License Expiration Date: (if applicable)	
DEA#: (MD, DO, PA-C, APNP only)	NPI#: (MD, DO, PA-C, APNP only)	
Work History (Please list 2 most recent employers):		
Free Clinic Experience (If any):		
What Volunteer Positions Are You Interested In?		
<input type="checkbox"/> Clinician (MD, DO, PA-C, APNP) <input type="checkbox"/> Registered Nurse <input type="checkbox"/> LPN <input type="checkbox"/> CMA <input type="checkbox"/> CNA <input type="checkbox"/> EMT <input type="checkbox"/> Pharmacist <input type="checkbox"/> Certified Lab Technician <input type="checkbox"/> Social Worker <input type="checkbox"/> Dietitian <input type="checkbox"/> Physician Therapist <input type="checkbox"/> Respiratory Therapist <input type="checkbox"/> Interpreter <input type="checkbox"/> Receptionist/Registration <input type="checkbox"/> Daytime Office Work <input type="checkbox"/> Greeter <input type="checkbox"/> Housekeeping <input type="checkbox"/> Special Projects (fundraising, work projects, special events) <input type="checkbox"/> Other _____		
Hours Available:		
<input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Both		
References (Please list three)		
Name:		Phone #:
Name:		Phone #:
Name:		Phone #:
Signature of Applicant:		Date:

**Return completed application to:
 RLAFC-VIM, 1035 N. Main Street, Suite G02, Rice Lake, WI 54868**