Rice Lake Area Free Clinic
Volunteers in Medicine

For Staff Use Only
__/__/__ Entered
__/__/__ Follow-up
__/__/__ Orientation

Volunteer Application

Name:			
Street Address:			
City:		**State:**	**Zip Code:**
Date of Birth:			**Age:**
Email:			
Phone Number:			
Home:			
Work:			
Cell:			
Emergency Contact:			
Name:			
Phone:			

Additional Information (Not required):

- Professional License/Certificate:

- Related job skills (e.g. computer experience):

What volunteer positions are you interested in?

__Clinician (MD, DO, NP, PA) __Registered Nurse __Certified Lab Technician

__LPN/ Medical Assistant __Social Worker __Registered Dietitian __Receptionist

__Greeter__Filing__Intake(Patient Assistance)__Interpreter__Clean-up

__Special Projects (fundraising, work projects, special events) __Other_____

Hours available:

References:	**Name:**	**Phone:**
	Name:	**Phone:**
	Name:	**Phone:**

Return completed application to:

RLAFC-VIM, 1035 N. Main Street, Suite G02, Rice Lake, WI 54868

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