

### Healthcare Provider Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Former name when attending school: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Email: \_\_\_\_\_

You prefer to be contacted by:  phone call |  text message |  email

Are you currently in school?  No |  Yes, graduating in \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Hours and days you are available to volunteer: \_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_

Can you provide healthcare in another language other than English? Which one? \_\_\_\_\_

How did you learn about the Open Door Clinic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**The clinic's malpractice insurance is provided by the Federal Government through the Federal Tort Claims Act; Free Clinics Insurance Program. In order for you to volunteer with the clinic, you must be credentialed and then deemed (approved) by the FTCA government program. This takes approximately 8 weeks and following information is needed to complete this process:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

School of Graduation: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

School Address: \_\_\_\_\_

License/Registry #: \_\_\_\_\_ State of Licensure: \_\_\_\_\_ Occupation: \_\_\_\_\_

DEA #: \_\_\_\_\_ NPI #: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Any Additional Licenses?  No |  Yes - State: \_\_\_\_\_ Occupation: \_\_\_\_\_

Malpractice Insurance?  No |  Yes - Company: \_\_\_\_\_



Do you have any malpractice claims against you, past or pending?  No |  Yes – Please explain (attach additional sheets if necessary)

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CPR Certified:  No |  Yes

Please list the name, email, and phone number of three (3) professional references, including at least two references who have worked with you in a medical capacity:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Have you ever been convicted of a crime?  No |  Yes - Please explain (attach additional sheets if necessary) \_\_\_\_\_

Your signature below indicates your permission to allow ODC staff to contact the references listed above and that the information provided in this application is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sexual orientation, or gender.