

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)

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 (**please, do not list relatives**):

- 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.

