



PROVIDER VOLUNTEER APPLICATION

(Please Print)

Name: _____ Date: _____
First Middle Last

Position volunteering for: _____

Present Home Address: _____

City: _____ State: _____ Zip: _____
Street/Box

Home Phone: _____ Cell phone: _____

E-mail address: _____

Date of Birth: _____ Social Security: _____

License: APRN PA MD DO Central PA license # and date of expiration: _____

Are you legally eligible to work/practice in this country? Yes No

Have you ever been convicted of or pled guilty or no contest to a crime other than a minor traffic violation?. Yes No

If yes, please explain on separate piece of paper _____

Has your professional license ever been revoked or suspended? Yes No If yes, please explain _____

Have you had any medical claims brought against you? If so, please list including dates, details and outcome.

Do you speak a language other than English? ____ If so, which? _____

Education Information:

High School: _____ Year graduated: _____

College/Nursing School Graduate: _____ Degree: _____ Year graduated: _____

Graduate /Medical School: _____ Degree: _____ Year graduated: _____

Residency training Program: Specialty _____ City/State _____ Year: _____

Fellowship training: Specialty: _____ City/State _____ Year _____

IF APRN or PA, what is your specialty: _____

Professional certifications/license: _____

Employment Information:

I am: Employed Unemployed Retired Student

Current Employer's Name _____ Position _____

Address _____

Phone _____

Dates of Employment _____ Supervisor _____

Past Employer's Name _____ Position _____

Dates of Employment _____ Responsibilities: _____

Past Employer's Name _____ Position _____

Dates of Employment _____ Responsibilities: _____

References:

List three references over 21 who are not related to you, that we may contact in connection with your application to volunteer. Two professional and one personal.

	Reference 1	Reference 2	Reference 3
NAME			
Address			
Daytime phone #			
Relationship to you			
Years known			

Volunteer Information

1. Have you ever volunteered at a Health Center before? Yes No

2. How often would you like to volunteer?

1-2 times per month 1 day/week 2 days/week as often as needed occasionally

3. How long a commitment can you make as a volunteer?

6 months 1 year more than one year

Please list days and times (including evening) you are available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	/		/		/	/

Date: _____ Signature: _____

Criminal background check must be obtained prior to volunteering.

Current CPR/AED certification/training.

Return completed application to Beacon at executivedirector@beaconclinicpa.org.