



Beacon Clinic for Health and Hope
PROVIDER VOLUNTEER APPLICATION
(Please Print)

Name: _____ Date: _____
_____ First Middle Last

Position volunteering for: _____

Present Address: _____
Street/Box

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Date of Birth: _____ Social Security: _____

License: CRNP PA MD DO PA license # & date of expiration: _____

- Criminal background check must be obtained prior to volunteering
- Current CPR/AED certification/training

Have you ever been convicted of or pled guilty or not contest to a crime other than a minor traffic violation? Yes No If yes, please explain: _____

Has your professional license ever been revoked or suspended?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

Have you had any malpractice claims brought against you? Yes No

If so, please explain: _____

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 CRNP 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:

	Reference 1	Reference 2	Reference 3
NAME			
Address			
Daytime phone #			
Relationship			
Years Known			

Volunteer Services you can provide:

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

2. How often would you like to volunteer?

1-2 times/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	Sunday
Hours							

Date: _____

Signature: _____

