



## SLO Noor Foundation Free Clinic

Application for Volunteer Service  
(Positions that require a professional license or certification)

POSITION(S) FOR WHICH YOU ARE APPLYING \_\_\_\_\_

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ E-MAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ PROF LICENSE # \_\_\_\_\_ EXPIRES? \_\_\_\_\_

ADVANCED PRACTICE FELLOWSHIPS, CERTIFICATIONS, LICENSURE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

YEARS OF PROFESSIONAL EXPERIENCE \_\_\_\_\_ BLS CERTIFIED? \_\_\_\_\_ EXPIRES? \_\_\_\_\_

DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER YOUR TIME \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

### PROFESSIONAL REFERENCES

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

By signing below, I assert that the information I have provided above is accurate to the best of my knowledge. Also, I agree that if am accepted as a volunteer worker for the Noor Foundation Free Clinic that I will abide by their policies and procedures, attend an orientation session prior to my first day worked, submit a copy of my professional license, submit verification of professional liability insurance, submit verification of recent health examination conducted by a physician, and agree to have an annual TB test.

SIGNATURE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_

DATE \_\_\_\_\_ APPLICATION ACCEPTED BY \_\_\_\_\_

**OFFICE USE ONLY**

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF POSITION ACCEPTED \_\_\_\_\_ SCHEDULE (DAYS/TIMES) \_\_\_\_\_

ORIENTATION COMPLETED      DATE \_\_\_\_\_

COPY OF LICENSE RECEIVED      EXPIRATION DATE \_\_\_\_\_

COPY OF BLS CARD RECEIVED      EXPIRATION DATE \_\_\_\_\_

Copy of California Driver's License or Passport      EXPIRATION DATE \_\_\_\_\_

COPY OF PROFESSIONAL LIABILITY INSURANCE RECEIVED      EXPIRATION DATE \_\_\_\_\_

SIGNED HEALTH EXAM REPORT RECEIVED

TB TEST RESULTS RECEIVED