



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