



Free Medical Clinic

Serving Anderson, Morgan and Roane Counties
116 East Division Rd. Oak Ridge, TN. 37830
(865) 483-3904 Fax: (865) 481-0203 www.fmcor.org

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

CITY/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

List past and current volunteer work: _____

List some responsibilities you had/have in these organizations: _____

Do you have any physical limitations or medical problems that may restrict your volunteer activities? YES ___ NO ___

Explain: _____

What volunteer position would you be interested in: Please circle all that apply:

Office Volunteer (requires training and basic knowledge of computers and are expected to volunteer one shift a week

Translator (Spanish) - Fundraising - Event organizing- Physical Therapist (requires license)- **Dietician/Nutritionist** (license)

Nurse (regular or volunteer license required) **Medical Provider (NP, PA, MD)-** (regular or volunteer license required)

How often would you be able to work? (circle all that apply) **Once a week - Twice a month - Monthly -Other** _____

What day/days would you be able to volunteer? _____

If necessary, would you be able to work on short notice NO ___ YES ___ How much notice would you need? _____

Please list two people who would serve as references for you (non-relative):

1. NAME: _____ PHONE #: _____

2. NAME: _____ PHONE #: _____

CERTIFICATION: I certify that all entries on this application are true and I consent to references to be contacted regarding this application.

Signature: _____ DATE: _____