

Heart Mountain Volunteer Medical Clinic (HMVMC)

VOLUNTEER APPLICATION

Please Print

Name: _____

Date of Birth: _____

Mailing Address: _____
(Street/P.O. Box)

(City/State/Zip)

Telephone: _____ Cell phone: _____ E-mail: _____

TYPE OF POSITION DESIRED:

- Primary Care Provider _____ (Circle one) MD PA FNP
Nursing _____ (Circle one) RN LPN CNA MA EMT-B EMT-I EMT-P
Pharmacy _____ (Circle one) Pharmacist Pharmacy Tech
Phlebotomist _____
Receptionist/Greeter _____
Eligibility Intake Assessor _____
Food Donor/Hospitality Staff _____
Interpreter (fluent in Spanish) _____
Health Educator _____
Other skills you believe would benefit/enhance the clinic (please specify):

Education which prepares you for this work:

School: _____ Year: _____ Degree: _____

Experience which prepares you for this work:

Employer: _____ Position: _____ Dates: _____

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I certify that all of the above information is true. I give permission for HMVMC to verify my license (if applying for a licensed professional position) with the appropriate State Board of Licensing and to pursue malpractice insurance coverage on my behalf through the FTCA (Federal Tort Claims Act).

Signature

Date

*Please mail completed application to HMVMC at P.O. Box 1316, Cody, WY 82414; fax to 307-587-4101; or call our Cody Office at 307-272-1753 to arrange for pickup at your location