

Gennesaret Free Clinic Volunteer Application

Please print

Date _____

Name _____
Last First MI

Title M.D. D.D.S. R.Ph. N.P. R.N. L.P.N. Other _____

Street Address _____

City _____ State _____ Zip _____

E-mail Address _____

Phone Number _____ Home Phone Number _____ Work

Phone Number _____ Cell Pager Number _____

Where Employed _____

Area of Specialty _____ Hospital Affiliation _____

Professional Memberships _____

Other Volunteer Activities _____

Please indicate the times you may be available on the following chart:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
A.M.	No Clinics	No Clinics		No Clinics		No Clinics	
P.M.				No Clinics		No Clinics	No Clinics

How did you hear about Gennesaret Free Clinics?

Advertisement From a client Another volunteer Other

If volunteering as a Doctor or N.P., please complete:

License No. _____

Medical Malpractice Policy No. _____ Exp. Date _____

If volunteering as a Medical RV Driver, please complete:

Driver's License No. _____ **Exp. Date:** _____

Insurance Policy No. _____ **Exp. Date:** _____

Please return this form to:

**Gennesaret Free Clinic
615 North Alabama Street
Ground Floor, Suite B
Indianapolis, IN 46204-1414**