

AmeriCares Free Clinics, Inc.
88 Hamilton Avenue, Stamford, CT 06902
Phone: (203) 658-9500 ~ Fax: (203) 658-9612

Volunteer Nurse Application

Name: _____

Mailing address: _____
Street Address *Apt.*
_____ _____
Town/City *State* *Zip Code*

Phone (H): _____ Phone (W): _____

Email: _____ Fax: _____

Emergency contact: _____

Contact's Phone (H): _____ Phone (W): _____

Check one: APRN RN LPN Years of experience _____
License No. _____ Expiration date _____
month/day/year

Have you ever been named as a defendant in a malpractice case? Circle Yes or No
(If yes, please explain on the reverse side of this application.)

Please describe your past five years of work experience *(and/or attach CV/ resume)*:

<u>Company/Institution</u>	<u>Dates</u>	<u>Job Title</u>
_____	_____	_____
_____	_____	_____

Education: _____
Degree: _____
Other languages spoken: _____. Describe any special skills or
experience that you would like us to know about: _____

Area of expertise: _____

Preferred clinic site: Danbury Norwalk Bridgeport

Availability: Please check all the days and times that you are available.

	<u>Mon</u>	<u>Tues</u>	<u>Wed</u>	<u>Thurs</u>	<u>Fri</u>	<u>Sat</u>
A.M.	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____
Early evening	_____	_____	_____	_____	_____	_____

How did you hear about the AmeriCares Free Clinics? _____

Please list the name and number of a professional and personal reference:

Name: _____ Tel: _____ Years Known _____

Name: _____ Tel: _____ Years Known _____

Confidentiality Statement: I understand that in my capacity as a volunteer with the AmeriCares Free Clinics I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to divulge it during my volunteer service or after my volunteer service has ended. I consent to the use of my photograph for any media as it pertains to the AmeriCares Free Clinic program.

(signed) _____