

VOLUNTEER ENROLLMENT APPLICATION

Date: _____

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone Home Telephone Cell Phone

E-mail Emerg. Contact Phone #

List any special considerations or needs: _____

Previous Shadowing Experience (students): _____

List your most recent Volunteer and employment experience for the past ten years:

Employer	Supervisor	Address	Phone #	Lgth of Employment

Have you volunteered at the Physicians' Care Clinic in the past? _____ If so, give approximate dates: _____.

Have you plead guilty, entered a plea of nolo contendere, or been found guilty of any crime by a judge or jury in any state or federal court? Yes ___ No ___ If answer is yes, please explain (including types of offenses/crimes): _____

Pending license suspensions or revocations, or any pending disciplinary actions by other facilities? Yes ___ No ___

Explain: _____

I have had a TB skin test. Yes....No.... If yes, the results were: Negative.....Positive.....

If positive, I have received treatment. No ___ Yes ___ (If no, explain) _____

I have had the Hep B vaccine series. No ___ Yes ___ Date _____

I will provide a copy of same for Clinic records if requested.

List the volunteer capacity in which you are interested:

___ Physician: Specialty: _____ License # _____ State _____ NPI# _____

Resume attached _____

___ Medical Student: Year: _____ School affiliation: _____ Resume attached _____

___ Nursing: SRN ___ RN ___ CNP ___ LPN ___ EMT ___ License # _____ State _____

___ Pharmacist License # _____ State _____

___ Student Pharmacist (school affiliation & year): _____

___ Pharmacy Tech ___ Lab Tech/Phlebotomist ___ PCT ___ MA

___ Receptionist ___ Other (describe) _____

___ Office volunteer: (list skills) _____

What the Physicians' Care Clinic is:

The Clinic provides non-emergent primary medical care for uninsured and low-income adults living in DeKalb County. The PCC is a community outreach initiative of the *DeKalb Medical Society* and operates under the 501 (c)(3) of *Physicians' Care Clinic, Inc.*

Clinic Hours of Operation: Tuesday, Wednesday & Thursday evenings from 6-8:30pm. Patients are seen by appointment only.

Clinic Location: T. O. Vinson Health Center @ .440 Winn Way Decatur, Ga. 30030

***Supper for volunteers is provided starting @ 5:00pm at the Clinic*

Requirements:

- There are no mandatory volunteer requirements for the Physicians' Care Clinic. Any and all volunteer time that you give will help us meet the medical needs of our patients and is greatly appreciated!
- **Dress code for volunteers:** business casual or scrubs with nametag.

Insurance: Physicians, PA's, RN's and Pharmacist volunteers are covered for a \$1M/\$3M limit for all in-clinic services provided.

Under a rule change adopted by the Georgia Composite State Board of Medical Examiners, physicians with active licenses can earn 10 of the 40 continuing education hours required every two years by working at a charity clinic. The medical board waives one continuing medical education hour for every four hours of work at a charity clinic up to 10 hours.

If you would be interested in volunteering at the Physicians' Care Clinic, please return the completed form to:

Administrative Office 2675 N. Decatur Road, Suite 406, Decatur, Ga. 30033 or by fax to: 404-501-7199

For more information. please contact the Nurse Administrator @ 404-501-7960