



PROSPECTIVE VOLUNTEER PROFILE

54 South St. Street #302, Painesville, Ohio 44077
Tel 440-352-8686 Fax 440-352-8107
www.lakefreeclinic.org

If you are interested in helping fulfill LCFC's mission to address the unmet health care needs of our community and increase access to quality medical & dental care, regardless of ability to pay or insurance status, complete all pages to the best of your ability and submit it to the LCFC office or email a copy to volunteer services at rott@lakefreeclinic.org. After it is received, we will contact you to discuss available opportunities, requirements and our volunteer on-boarding process.

Today's Date _____
Full Name _____
Professional Title _____
Street Address _____
City/State/ Zip Code _____
Phone #s - Home _____ Cell _____
Email _____
Best way(s) to Contact you? *Circle:* Home Phone Cell Phone Email
Other past or present legal names _____ Date of birth _____
Social Security # _____ DL # _____

Whom may we contact in the case of an emergency?

Name: _____ Relationship: _____
Daytime Phone: _____ Evening Phone: _____

Please indicate volunteer position(s) you are interested in (please provide all current licenses & certifications):

____ Provider (Current licensure as an MD/DO/DDS/NP)
DEA# _____ NPI # _____
____ Patient Intake (current/recent licensure as RN, LPN, trained paramedic, EMT or professional experience as MA required)
____ Translator (Fluent in English and second language; professional medical experience helpful)
____ Laboratory Technician (current or licensure as RN, LPN, trained paramedic, EMT, phlebotomy or professional experience as MA required)
____ Fundraising
____ Board of Directors or Board Committee Member
____ Other _____

What length of time you are prepared to commit to LCFC?

Day Week Month Several Months More than a year

How often are you interested in coming to volunteer at or for LCFC?

Weekly Bi-Weekly Once a month 3-4 times a year

When are you available to volunteer? Please list days of week and timeframes that you are available - Mornings (8am-12pm), Afternoon (12-5pm) or Evenings (After 5pm).

When are you available to begin volunteering?

How did you hear about this volunteer opportunity?

Why do you want to volunteer at LCFC?

What concerns or questions would you have about volunteering at LCFC?

What most interests you about volunteering with us? What least interests you?

Is there anything else you'd like us to share about past experiences, interests, hobbies etc.?

ADDITIONAL INFO

Licenses & Certifications:

Type of License/Certification _____

Number _____ Exp Date _____

Credential Agency Name _____

Type of License/Certification _____

Number _____ Exp Date _____

Credential Agency Name _____

CPR Certification number _____ Exp Date _____

Health Requirements:

HepB Vaccination date _____ TB Test date _____

Physicians/Dentists, Nurse Practitioners only:

DEA # _____ Exp Date _____

NPI # _____ UPIN # _____

VOLUNTEER/WORK EXPERIENCE

Please list, starting with most recent:

Position/Title _____ Company Name _____

Supervisor name _____ Supervisor contact info _____

Is this a current or former role? *Check:*

_____ Current Position _____ Former; Dates (From/ To) _____ / _____

Position/Title _____ Company Name _____

Supervisor name _____ Supervisor contact info _____

Is this a current or former role? *Check:*

_____ Current Position _____ Former; Dates (From/ To) _____ / _____

Position/Title _____ Company Name _____

Supervisor name _____ Supervisor contact info _____

Is this a current or former role? *Check:*

_____ Current Position _____ Former; Dates (From/ To) _____ / _____

REFERENCES

Please provide one professional reference whom we may contact:

Name _____

Daytime Phone _____ Email address _____

Relationship to Applicant _____ Length of Relationship _____

Please provide one personal reference whom we may contact:

Name _____

Daytime Phone _____ Email address _____

Relationship to Applicant _____ Length of Relationship _____

CONVICTION HISTORY

Have you ever been arrested or charged with a crime? _____ No _____ Yes - *If yes, please explain:*

Have you ever had disciplinary action taken against you that has resulted in a license or certification being suspended, limited, or revoked? *Check:* _____ No _____ Yes - *If yes, please explain: below:*

Have you ever been denied a license or certification renewal?

_____ No _____ Yes - *If yes, please explain:*

I certify that information contained in this application is true and complete. I understand that false information may be grounds for dismissal or for immediate termination of volunteer service at any point in the future if I am accepted as a volunteer. I authorize the verification of any or all information listed above.

Signature _____ **Date** _____

Printed Name _____