



**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](mailto: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).**

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**When are you available to begin volunteering?**

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**How did you hear about this volunteer opportunity?**

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**Why do you want to volunteer at LCFC?**

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

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

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

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**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** \_\_\_\_\_