



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

Volunteer Application

Full Name _____

Today's Date _____ Professional Title _____

Other past or present legal names _____ Date of birth _____

Social Security # _____ DL # _____

Street Address _____

City/State/ Zip Code _____

Home Phone _____ Cell Phone _____ E-mail _____

Whom may we contact in the case of an emergency?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Please indicate volunteer position (please provide all current licenses/certifications):

____ Provider (MD/DO/DDS/NP), DEA# _____ NPI # _____

____ Patient Intake (current licensure as RN, LPN, trained paramedic, EMT or professional experience as MA)

____ Translator (Fluent in English and second language, as well as professional medical experience)

____ Laboratory Technician (current licensure as RN, LPN, trained paramedic, EMT, phlebotomy or professional experience as MA)

____ Fundraising

____ Board of Directors

____ Board Committee Member

____ Other _____

Please indicate length of time you are prepared to commit to LCFC:

Day Week Month Several Months More than a year

Please indicate times when you are available to volunteer (indicate days of week, morning, afternoon, evening):



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When are you available to begin volunteering?

How did you hear about this volunteer opportunity?

Why do you want to volunteer at LCFC?

Is there an aspect of our mission that motivates you to want to volunteer here?

Additional Information

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 _____



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NPI # _____ UPIN # _____

Conviction History:

Have you ever been arrested or charged with a crime?
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?
If yes, please explain:

Have you ever been denied a license or certification renewal?
If yes, please explain:

Volunteer / Work Experience

1 Current Position/Title _____

Company Name _____

Dates from / to _____

Supervisor name _____

Supervisor contact information _____

2. Position/Title _____

Company Name _____

Dates from / to _____

Supervisor name _____



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Supervisor contact information _____

Please provide one professional reference whom we may contact:

Name: _____ Daytime Phone: _____

e-mail address _____ How long known: _____

Please provide one personal reference whom we may contact:

Name: _____ Daytime Phone: _____

e-mail address _____ How long known: _____

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 employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature: _____ **Date:** _____