VOLUNTEERS IN MEDICINE

423 Route 9 North, Cape May Court House, NJ 08210
3073 English Creek Ave, Egg Harbor Township, NJ 08234
T:609-463-2846 F:609-463-2830 E:info@vimcmc.org

Volunteer Application

Name: _____

Preferred Phone: _____ E-mail: _____

Address: _____

PLEASE CHECK ALL SKILLS THAT MAY APPLY

☐ Nurse ☐ Nurse Practitioner ☐ Data Entry ☐ Administrative

☐ Physician ☐ Physician Assistant ☐ Pharmacy ☐ Filing

☐ Receptionist ☐ Fundraising ☐ Maintenance/Handyman

☐ Computer programs I am familiar with: _____

Languages spoken: _____

Note: If your position requires licensure, you will be required to complete additional paperwork. Mal-practice is provided for all clinical volunteers.

AVAILABILITY

Most volunteers commit to one 4 hour shift per week but others volunteer more or less. We understand you are a volunteer and take vacations, spend your winter in Florida, etc. We will do our best to accommodate your scheduling needs. Please note your availability and indicate your preferred day/time in the grid below.

___ WEEKLY ___ TWICE/MO ___ MONTHLY ___ OTHER

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Preferred location: ___ Cape May County Clinic ____ Atlantic County Clinic

SIGNATURE AND DATE

_____ _____

(NAME) (DATE)