

please print and mail to: Heart Mountain Volunteer Medical Clinic
P.O. Box 1155
Powell, Wyoming 82435

HMVMC VOLUNTEER APPLICATION

Please Print

Name: _____

Mailing Address: _____

(Street/P.O. Box)

(City/State/Zip)

Telephone: _____ Cell phone: _____ E-mail: _____

TYPE OF POSITION DESIRED:

- | | | |
|---------------------------------|-------|--|
| Primary Care Provider | _____ | (Circle one) MD PA FNP |
| Nursing | _____ | (Circle one) RN LPN CNA MA EMT-B EMT-I EMT-P |
| Pharmacy | _____ | (Circle one) Pharmacist Pharmacy Tech |
| Phlebotomist | _____ | |
| Receptionist/Greeter | _____ | |
| Eligibility Intake Assessor | _____ | |
| Food Donor/Hospitality Staff | _____ | |
| Interpreter (fluent in Spanish) | _____ | |
| Health Educator | _____ | |

Other skills you believe would benefit/enhance the clinic (please specify):

Education which prepares you for this work:

School: _____ Year: _____ Degree: _____

Experience which prepares you for this work:

Employer: _____ Position: _____ Dates: _____

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I certify that all of the above information is true. I give permission for HMVMC to verify my license (if applying for a licensed professional position) with the appropriate State Board of Licensing and to pursue malpractice insurance coverage on my behalf through the FTCA (Federal Tort Claims Act).

Signature

Date

Heart Mountain Volunteer Medical Clinic (HMVMC)