

**RIVER VALLEY CHRISITAN CLINIC**

**PLEASE  
PRINT**

**VOLUNTEER APPLICATION**

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CELL PHONE:** \_\_\_\_\_ **WORK PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MAY WE TEXT YOU? (circle one) YES NO**

**Church Affiliation:** \_\_\_\_\_

**PROFESSIONAL VOLUNTEERS:**

*(Medical Doctor, Nurse Practitioner, Nurse, Dentist, Dental Hygienist, Ophthalmologist, Optometrist, Pharmacist, Physical Therapist, Counselor, Lab Technician, X-ray technician, Etc.*

*I am licensed in Arkansas as a (n):* \_\_\_\_\_

*My Employer:* \_\_\_\_\_

*My Education:* \_\_\_\_\_

*I carry Professional Malpractice Insurance (circle one) YES NO*

*Prior Experience:* \_\_\_\_\_

**MY AREA OF INTREST IS: LAY & PROFFESIONAL VOLUNTEERS:**

**\*CHECK ALL THAT APPLY\***

**DAYTIME:**

**EVENING CLINIC:**

\_\_\_ Housekeeping

\_\_\_ Pharmacy tech (licensed)

\_\_\_ Secretarial

\_\_\_ MEDICAL RECORDS

\_\_\_ OPTICAL AREA

\_\_\_ Maintenance/Repair

\_\_\_ Laboratory

\_\_\_ Medical Doctor

\_\_\_ Computer Maintenance

\_\_\_ Dental Area

\_\_\_ Interpreter

\_\_\_ Nurse Or APRN

\_\_\_ Pastoral Care

**Briefly indicate Your talents and experiences:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*Please Return to River Valley Christian Clinic\***

**OR EMAIL TO rvccadmin@gmail.com**