

RIVER VALLEY CHRISTIAN CLINIC

Please Print

Volunteer Application

PLEASE PRINT

NAME: _____ Date of Birth _____ DATE: _____

ADDRESS: _____ City _____ Zip _____

HOME PHONE: _____ HOME EMAIL: _____

WORK PHONE: _____ WORK EMAIL: _____

CELL PHONE: _____ TEXT? 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: YES NO

Prior Experience: _____

LAY VOLUNTEERS:

My area of interest is:

DAYTIME:

- Housekeeping
- Secretarial
- Maintenance/Repair
- Computer Maintenance
- Child Care

EVENING CLINIC:

- Pharmacy technician (licensed)
- Medical Records
- Laboratory
- Dental Area
- Pastoral Care
- Nurse/ Nurse Practitioner
- Optical area
- Medical Doctor
- Interpreter

Briefly indicate your talents and experiences: _____

Signature _____

Please Return to:
479-567-5700

River Valley Christian Clinic
3001 E H street
Russellville, AR. 72802