

Institute for Family Medicine

Application to Volunteer

Thank you for giving consideration to volunteer for the Institute for Family Medicine. The Institute for Family Medicine is a not-for-profit organization that works with disadvantaged children and families to improve access to quality healthcare services. Our dedicated volunteers allow us to expand those services.

All volunteers will be expected to submit to a background check, as well as provide copies of education and license documentation. This form should be printed out, and after completion, mailed to:

Volunteer Coordinator
Institute for Family Medicine
4590 S. Lindbergh Blvd.
St. Louis, MO 63127

Or via Facsimile to:
314-849-7670
Attn: Volunteer Coordinator

Best Contact Information:

Name

Address

City, State, Zip

E-mail

Phone

Professional Degree/License:

Physician (MD/DO)

Family Physician

Pediatrician

Internist

Other or Subspecialty

Specify _____

Nurse (RN)

Nurse Practitioner*

FNP

PNP

ANP

Physician's Assistant*

Dentist

Dental Assistant/Hygienist

Other (Please Specify)

* Nurse Practitioners and Physician's Assistants:

Do you have an existing collaboration agreement with a physician licensed in Missouri?

Yes No

Is your collaborating physician willing to include your volunteer work under the existing agreement?

Yes No

Please identify the type of volunteer service which interests you (check all that apply, prioritize #1 choice, #2 choice, #3 choice, etc.)

___ Direct patient care; Physical exams and management of illness.

___ Direct patient care; Health screenings.

___ Direct patient care; Immunizations.

___ Health education, including working with individuals and groups.

___ Clerical

___ Fundraising

___ Other: _____

Please identify your availability both in terms of frequency and time of the day or week (check all that apply):

Frequency:

2 or more times per week

Once a week

1-2 times per month

1-2 times per year for special events

Other, Specify

Available times:

Some Weekdays

Evenings

Weekends

Other, Specify

Please use this space to share any thoughts about why you are interested in becoming a volunteer for the Institute for Family Medicine. It would be helpful if you would include a resume/CV as an attachment to this application.

Signature of Volunteer Applicant

Date Submitted