

# DISCIPLES CLINIC OF ATHENS

## NURSE VOLUNTEERS

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Day(s) Available: Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri \_\_\_ Sat \_\_\_

Times Available: Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_

License Number: \_\_\_\_\_ State: \_\_\_\_\_ Retired: Yes \_\_\_ No \_\_\_

Clinical Nurse Assist: \_\_\_ LVN: \_\_\_ RN: \_\_\_ Nurse Practitioner: \_\_\_

Employer: \_\_\_\_\_ How Long Employed: Years: \_\_\_ Months: \_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### How often would you like to volunteer (3 – 4 Hour Shifts):

Once a month: \_\_\_ Once every two months: \_\_\_ Once every three months: \_\_\_ More Often: \_\_\_

Language (Other than English): \_\_\_\_\_

Ever been convicted of a Felony: Yes \_\_\_ No \_\_\_

Previous Employment or Volunteer Service: \_\_\_\_\_

Please mail or Fax completed form to:

### DISCIPLES CLINIC OF ATHENS

P.O. BOX 1757

ATHENS TX. 75751

PH: 903-677-3604

[www.disciplesclinic.org](http://www.disciplesclinic.org)

FAX: 903-677-3605