Good Samaritan
HEALTH & WELLNESS CENTER

175 Samaritan Drive
Jasper, GA 30143

Application Form for Volunteers

Name _____ Date _____

Mailing address _____

Home phone _____ Work phone _____ Cell _____

E-mail address _____

Date of Birth _____ Social Security Number _____

Are you a patient of Good Samaritan? Yes___ No___

Please indicate the type of work in which you are trained or have experience:

I am trained as:

- ☐ MD/DO
- ☐ DDS
- ☐ Dental Assistant
- ☐ Dental Hygienist
- ☐ Nurse Practitioner
- ☐ Physicians Assistant
- ☐ RN
- ☐ LPN
- ☐ Physical Therapist
- ☐ Medical Assistant
- ☐ Social Worker
- ☐ Lab Tech
- ☐ Nutritionist
- ☐ Dietician
- ☐ Counselor
- ☐ Secretary
- ☐ Medical Records
- ☐ Pharmacist
- ☐ Pharmacy Tech
- ☐ Health Educator
- ☐ Other _____

If you are trained in a specialty of one of the above, please tell us what that specialty is (for example, endodontist or Family Nurse Practitioner)

_____

List all license and certificate numbers:

_____

List highest level of education, name of school, and year graduated.

_____

Please indicate the area or position in which you are interested in volunteering:

- ☐ The profession I indicated in the checkbox above
- ☐ Administrative Offices
- ☐ Materials Management
- ☐ Dental Clinic
- ☐ Medical Clinic
- ☐ IT
- ☐ Pharmacy
- ☐ Medical Records
- ☐ Referral Processing
- ☐ Temperature Checks
- ☐ Finance
- ☐ Other (I'll do anything!)

List three professional references (Name, email, phone number):

_____

_____

_____

Other skills, experience and/or information that would be helpful to us (use back if you need more space):

_____

_____

Please return this form to the above address, or fax it to 706-253-4675.