



Medical Professional Volunteer Application

**Fill out the following volunteer application and send it to us at:
Moore Free Care Clinic
Volunteer Coordinator
211 Trimble Plant Rd. Suite C
Southern Pines, NC 28387**

Personal & Contact Information

Title: Dr. Mr. Mrs. Ms. Rev.

First Name: _____ **M.I.** _____

Last Name: _____ **Nickname:** _____

Degree/Credentials: _____

Street Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Fax: _____ **Email:** _____

License Number: _____

Please fax us a copy of your license to (910) 246-5330 Att: Chief Executive Officer

Your present employer: _____

Personal Liability Insurance (company name): _____

State briefly why you wish to volunteer for the Free Clinic:

List any other volunteer experiences you've had:

Comments:

Contact In Case of Emergency:

Name: _____ **Relationship:** _____

Address: _____ **Phone Number:** _____

Signature: _____ **Date:** _____