

HOPE

WELLNESS CENTER

New Provider Form

Thank you for your interest in volunteering at Hope Wellness Center. Please complete this form and return it with your credentialing documentation to daniel@hopewellnessde.org or 1125 Forrest Ave, Suite 202, Dover, DE 19904.

Credentialing Requirements to be Attached:

- An active Delaware state license to practice
- DEA registration (if applicable)
- Proof of malpractice insurance (the clinic maintains its own policy, but our insurance company requires a copy of your insurance on file, as well)
- An updated CV and/or resume
- Proof of any other training or credentials you feel are necessary to share
- A clear photo/headshot to use in our marketing, social media, etc.

Your Name: _____

Profession: _____ Credentials: _____

Preferred Phone Number: _____ Phone Type: _____

Preferred Mailing Address: _____

Email Address: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone Number: _____

Services Offered:

Dental: Dental Assistant Dental Hygiene Oral Surgery Routine Dental

Medical: Medical Assistant Nursing Primary Care Women's Health

Mental Health: Psychiatry Therapy

Other: _____

Do you need a nurse or assistant when you volunteer? Yes No Unsure/TBD



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How often would you like to volunteer?

- 1+ time(s) weekly 1+ time(s) bi-weekly 1+ time(s) monthly Unsure/TBD

What time of day are you typically available to volunteer? (check all that apply)

- Mornings Afternoons Evenings

How many hours do you prefer to volunteer?

- 1-2 hrs 2-5 hrs 5-8 hrs

Are there any requests for accommodations, equipment, or other needs you would like us to provide when you volunteer? If so, please describe here.

Please indicate any other limitations or preferences you would like us to consider.

We have a slideshow that plays in our waiting room that includes a casual “get to know us” section where we feature our staff and volunteers with photos and casual questions about each person. We would love to be able to include you. Please answer the following questions to be included.

What is your favorite place in Delaware? _____

How do you like to relax? _____

Why does Hope Wellness Center matter to you? _____
