

Institute for Family Medicine

Application to Volunteer

Thank you for giving consideration to volunteering for the Institute for Family Medicine. IFM 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 South Lindbergh Blvd
 St. Louis, MO 63127

Or faxed to 314-849-7670 (attn Volunteer coordination)

Name	Professional Degree/License: Physician (MD/DO)
Best Contract Information:	Family Physician [] Pediatrician [] Internist [] Other or subspecialty [] Specify _____
Address – Street	Nurse (RN) []
Zip	Nurse Practitioner*
E-mail	FNP []
Cell Phone	PNP []
	ANP []
	Physician’s Assistant* []
	Dentist []
	Dental Assist/hygienist []
	Other (please specify) []

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

- ___ Direct patient care, including physical exams and management of illness
- ___ Direct patient care, including health screenings
- ___ Direct patient care, immunizations
- ___ Health education, including working with individuals and groups
- ___ Clerical
- ___ Fund raising
- ___ Other: _____

* 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 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 volunteering for the Institute for Family Medicine. It would also be helpful if you would include a resume/CV as an attachment to this application.

Signature of Volunteer Applicant

Date Submitted