Licensed Other Practitioner
VOLUNTEER APPLICATION

Circle one: Dental Hygienist Dietician Pharmacist Physical Therapist RN EMT LPN Dental Assistant

Applicant Name ____

Street Address ____

City/State/Zip ____

Telephone: Home________________________ Cell________________________ Office________________________

Email ____

SS# ____ **Date of Birth** _______________________________________

How did you hear about the Free Health Care Center volunteer program? ____

Undergraduate Education

College Attended ____

Address of College ____

Year of Graduation ___________________________ Degree ____

Professional School (if different from undergraduate)

Professional School Name ____

Address ____

Year of Graduation ___________________________ Degree ____

License and Malpractice Information ***Please attach a copy of your license***

___Active ___Volunteer

License # ____ Expiration Date ___________________________

Any malpractice claims against you currently or in the past 10 years? ___Yes ___No

Has your license been revoked or suspended for any reason? ___Yes ___No

Have you ever been convicted of a crime? ___Yes ___No

Have you ever had your hospital privileges suspended, or are you presently being investigated for any reason? ___Yes ___No

If you answered "Yes" to any of the above, briefly explain the case and outcome on separate paper and attach.

Employment History

Please attached resume (required).

And, please provide current employment information, if applicable:

Current Employer____

Address ____

Work Phone ____ Start Date ______________________________

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CPR Certification

Please provide a copy of your current CPR certificate, if applicable.

Immunization Status and Testing

Copy of TB test (PPD) with results, (must be within one year) ______________________________ Date________________________

Copy of Hepatitis-B testing with results.

Photo ID

Please include a copy of your driver's license or other government issued photo ID with this application.

Clearances

All volunteers are required to submit the following clearances:

- **Criminal Background Check**
  A current criminal background check, directions attached.
- **Child Abuse Clearance**
  A current Child Abuse Clearance, directions attached.
- **Act 31 Certificate, Recognizing and Reporting Child Abuse**

Clinical Privileges Application

For Dental Hygienist ONLY. A Clinical Privileges Application form is attached. Please complete and return with your Volunteer Application.

Emergency Information

Contact Name and Relationship ____ Phone # __________________________

Applicant's Signature

I certify that the above information is true and accurate. I certify that I am healthy and fit to perform the work requested of me.

____ ______________________

Signature of Applicant Date

Submit this application and the other required documentation by mail or bring everything with you when you attend an orientation session.

A checklist is attached to help you.

Thank you for your interest in the Catholic Charities Free Health Care Center.

Licensed Other Practitioner Volunteer Applicant

CHECK LIST

___ Volunteer Application

___ Work Resume

___ Copy of your Pennsylvania professional license. The license must be active or current volunteer status. Please let us know if you need information about volunteer status.

___ Copy of current TB (PPD) report. Results must be within one year.

___ Copy of Hepatitis-B report, proof of testing.

___ Copy of current CPR certification, if applicable.

___ Copy of driver's license or other government issued photo ID.

___ Criminal Background Check, directions attached.

___ Child Abuse Clearance certificate, directions attached.

___ Act 31 certificate (recognizing and reporting child abuse).

___ Privileging Form (dental hygienist only).

Note: Catholic Charities Free Health Care Center will process your criminal and child abuse clearances and pay the related fees.

COMPLETE ALL FORMS and return by mail or drop them off at the address below.

Catholic Charities Free Health Care Center
Volunteer Coordinator Office
212 Ninth Street, Pittsburgh, PA 15222

Volunteer Coordinator Office: 412-456-6977