



Jeanie Schmidt Free Clinic
13525 Dulles Technology Dr
Herndon, VA 20171

Volunteer Preference is: [] Children's Clinic
[] Adult Clinic
[] Either

Date: _____

[] Outreach
[] Day clinics

Oriented _____
TB test submitted _____

Information confirmed by
Orientation Coordinator _____
(Revised 2/16/11)

Name: _____
(Last) (First) (Middle)

Address: _____

City, State, Zip Code _____

Telephone: Primary () _____ Secondary () _____

E-mail: Hm _____ Wk _____

Employer: _____

If a student, school or university attending: _____

Languages Spoken: _____

Free Clinic Start Date: _____

How did you hear about JSFC? _____

Availability: [] Clinics Only [] Special Projects/Community Events

Skills and Talents: _____

Do you have any medical conditions of which JSFC should be aware? _____

Person to contact in event of emergency:

Name _____ Relationship _____

Day phone # _____ Cell phone # _____ Evening phone# _____

Volunteer Position: [] Medical Volunteer [] Community Volunteer [] Interpreter
[] Teen Volunteer

Medical/Licensed Volunteers

Physician:

License # _____ Medical Specialty _____
Exp Date _____

Nurse Practitioner:

License # _____ Exp Date _____

Physician Assistant:

License # _____ Exp Date _____

Registered Nurse/Allied Health Professional:

License # _____ Medical Specialty _____
Exp Date _____

License will be reported to the Commonwealth of Virginia Division of Risk Management to activate free malpractice protection.

I agree that all the information above is correct to the best of my knowledge:

Signed: _____ Date: _____