

Volunteer Physician Opportunity Form

Organization: _____

Street Address: _____

City, State, Zip: _____

Contact Name: _____

Email: _____ **Phone:** _____

Organization's Website: _____

Brief description of the mission of your clinic/organization:

Describe patient population served by volunteer physicians:

Primary languages spoken by patients:

- English
- Spanish
- _____

Please describe what a volunteer physician can do to help you accomplish the mission of your organization:

In what areas does your clinic/organization need volunteer physicians:

- Clinical – direct patient care
- Clinical – oversight of other providers
- Clinical – advisory panel
- Non-clinical - board member
- _____

Are there specific physician specialties you are seeking?

- Family Medicine
- Pediatrics
- Cardiology
- _____

Please provide the scope of commitment expected from each volunteer physician: (i.e.) Number of hours, frequency, days of week, time of day)
