MALTA HOUSE OF CARE WATERBURY

Volunteer Interest Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Availability Days:

- ☐ Tuesdays 1pm – 5pm
- ☐ Wednesdays 1pm – 5pm

Availability Frequency

- ☐ Once per month
- ☐ Twice per month
- ☐ Other

How did you hear about Malta Waterbury?

- ☐ From a patient
- ☐ From a volunteer
- ☐ From a college
- ☐ From a church
- ☐ From a workplace
- ☐ From an internet search
- ☐ Other

Please check volunteer positions for which you are interested:

- ☐ Primary Care Physician – specialty _____
- ☐ Specialist Physician – specialty _____
- ☐ Nurse
- ☐ APRN/PA – area of specialty/interest _____
- ☐ Medical assistant/CNA
- ☐ Dietitian/Nutritionist
- ☐ Certified Diabetes Educator
- ☐ Certified Medical Interpreter
- ☐ Administrative staff – skills _____
- ☐ I'm a student who would like to do an observational rotation

Thank you for your interest in volunteering at Malta Waterbury. Please note our volunteer opportunities are open to individuals ages 21+. We will contact you to arrange a tour of our Clinic and a meeting with one of our medical directors. The meeting will allow us to better determine how your skill set and interests might be used at Malta House of Care.

Subsequently, as part of the application process, Malta Waterbury requires all volunteer Physicians and Nurses to submit to a background and National Practitioner Data Bank check for malpractice coverage through the Federal Tort Claims Act (FTCA). This process may take up to eight weeks to complete before entitling an individual to actively volunteer.

Please email your completed form to **info@maltawaterbury.org** or fax to **203-568-6835**

Questions? Please call us at 203-528-3603.