



## Volunteer Sign-Up Sheet ■■■ *Expression of Interest*

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Best Time to Contact:** \_\_\_\_\_

**Preferred Method of Contact:** \_\_\_\_\_

### Expression of interest:

Please ***check all volunteer positions*** that are of interest to you...*many thanks!*

#### Health Care Providers

- Physician, Primary Care:  
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- Physician, Specialist:  
pro-bono in Malta office or own office
- Nurse
- APRN
- Dietician/Nutritionist
- Diabetic Counselor
- Pharmacist
- Physical Therapist

#### Information Technology

- Database Management
- Web Design and Maintenance

#### Non-medical/Administrative/ Experiential

- General Office Assistance
- Grant Research
- Grant Writing
- Special Events Planning
- Public Relations/Press Releases

#### Social Service Providers

- Referral Coordination
- Coordinating Case Management

Please mail your application to our Clinical Supervisor at:

Malta House of Care, Inc.

19 Woodland Street Suite 21,

Hartford, CT 06105 or fax to 860-725-0191

Or email [mdetore@maltahouseofcare.org](mailto:mdetore@maltahouseofcare.org).