



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:
on van
- 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 office at:

Malta House of Care, Inc.

19 Woodland Street Suite 21,

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

Or email tcaputumd@maltahouseofcare.org.