



Malta House of Care

Volunteer Interest Form

NOTE: Volunteer opportunities are open to qualified individuals ages 21+ and available Monday-Friday 8:30am – 4:30pm only.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____

Availability (Days of week; frequency per month): _____

How did you hear about Malta? _____

Please check volunteer positions for which you are qualified:

- Primary Care Physician – specialty _____
- Specialist Physician - specialty _____
- Nurse
- APRN/PA – area of specialty _____
- EMT/Paramedic
- Medical Assistant/CNA
- Dietitian/Nutritionist
- Certified Diabetes Educator
- Support staff – skills _____

Thank you for your interest in volunteering at Malta House of Care. We will contact you to arrange a tour of our Clinic and a meeting with our Medical Director or Clinic Operations Supervisor. 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 House of Care 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 completed form to info@maltahouseofcare.org or mail to:

Volunteer Coordinator, Malta House of Care, Inc., 136 Farmington Avenue, Hartford, CT 06105
860-548-1593 (Administrative Office)