



## Volunteer Interest Form

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/interest \_\_\_\_\_

Medical assistant/CNA

Dietitian/Nutritionist

Certified Diabetes Educator

Certified Medical Interpreter

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 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 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 send your completed form to:**

Volunteer Coordinator  
Malta House of Care, Inc.  
19 Woodland St., Suite 21, Hartford, CT 06105  
860-548-1593