

## Medical Volunteer Interest Form

Please submit this form to notify us of your interest in volunteering at Malta House of Care. **Please note:** As part of the application process, Malta House of Care requires all volunteer Physicians and Nurses to submit to a background and National 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.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_

Please check all volunteer positions below that are of interest to you.

- Primary Care Physician (on van)
- Offsite Specialist Physician
- Nurse
- APRN/PA
- Dietitian/Nutritionist
- Certified Diabetes Educator
- Medical Interpreter

**Please send your completed form to:**

Dr. Theresa Caputo, Medical Director  
Malta House of Care, Inc.  
19 Woodland Street, Suite 21  
Hartford, CT 06105

Fax | 860-725-0191

Email | [tcaputomd@maltahouseofcare.org](mailto:tcaputomd@maltahouseofcare.org)