



Medical 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
- Specialist Physician
- Nurse
- APRN/PA
- Dietitian/Nutritionist
- Certified Diabetes Educator
- Certified Medical Interpreter

Thank you for your interest in volunteering at Malta House of Care. We look forward to welcoming you to our family. We will contact you to arrange a tour of our Clinic and to discuss next steps in becoming a volunteer.

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:

Michelle M. Murphy, Executive Director
Malta House of Care, Inc.
19 Woodland St., Suite 21, Hartford, CT 06105
mmurphy@maltahouseofcare.org
860-548-1593