



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 email completed form to info@maltahouseofcare.org or mail to:

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