

HOOSIER CRESCENT FOUNDATION CORPORATION

(A Not-for-Profit Organization)

Mission: to provide health services to the underserved and uninsured community of Indianapolis, Indiana

Volunteer Sign-up

NAME: _____

PHONE #: _____

EMAIL: _____

ADDRESS: _____

EDUCATION STATUS: _____

WORK EXPERIENCE: (highlight any health related field experience)

I am informed and believe, to the best of my knowledge that I do not have any contagious disease or other health condition posing a risk of transmission to patients, staff, or other volunteers.

Volunteer Name: _____

Signature: _____

Date: _____

(Provide a copy of Hepatitis immunization & tuberculosis screening results/records)