



**VOLUNTEER CREDENTIALS**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

\_\_\_\_\_ Yes, I would like to receive email or text reminders of my scheduled night to work (indicate which).

\*\*\*\*\*

Professional License No. (provide copy): \_\_\_\_\_ State: \_\_\_\_\_

CPR Certification: YES NO (If yes, provide date of expiration \_\_\_\_\_)

Hep. B Vaccine: YES NO (If yes, provide date \_\_\_\_\_)

**\*\* PLEASE INDICATE AT WHICH ADDRESS YOU PREFER TO RECEIVE CORRESPONDENCE. \*\***

**GSCC Confidentiality Stmt  
05/2019**

*Good Samaritan Care Clinic is a 501(c)(3) organization and your donation may qualify as a charitable contribution.  
Contact your tax advisor for more details.*