



Good Samaritan Care Clinic

Christian-influenced Healthcare for Those in Need

PO Box 160

Mountain View, MO 65548

Phone: (417) 934-6500 Fax: (417) 934-6536

VOLUNTEER CREDENTIALS

DATE:

Name: _____

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 reminders of my scheduled night to work.)

License No. (provide copy): _____ State: _____

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

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