

Health Unit On Davison Avenue Clinic

1605 Davison Avenue, Detroit Michigan 48238 Phone: 313-865-6770 FAX: 313-865-6772

Volunteer Application

Date:

Legal Name		
Last Name	Middle Name	First Name

Contact Information			
Street and Number			
City		State	Zip Code
Home Phone	Work Phone	Cell Phone	
e-mail			

Preferred Method of Contact			
<input type="checkbox"/> Home Phone	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> e-mail

Credentials		
<input type="checkbox"/> Attending Physician Specialty	<input type="checkbox"/> Resident Physician Specialty	<input type="checkbox"/> Social Worker [REDACTED]
<input type="checkbox"/> Medical Student State License Number	<input type="checkbox"/> Nurse Nursing License	<input type="checkbox"/> Under / Graduate Student Social Work Certification

Professional Association (University, Clinic, etc)

Vaccinations	Immunizations	Other
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> dPT	<input type="checkbox"/> Neg. TB (Within last year)T
<input type="checkbox"/> Varicella	<input type="checkbox"/> MMR	<input type="checkbox"/> Liability Insurance
<input type="checkbox"/> Influenza	<input type="checkbox"/> Tetanus (Date:)	Accepts Referrals
[REDACTED]	[REDACTED]	<input type="checkbox"/> Specialty Specific Referrals

Additional Comments (Special skills, Interests, etc)

Note: In order to volunteer. please bring in a proof of Tetanus shot, licenses and hepatitis B

For Internal Use Only	
Date Entered	Entered By: