



DATE: SATURDAY, SEPTEMBER 20, 2008
SHIFTS AVAILABLE: 7:00am-12:00pm, 11:45am-3:30pm, All Day
PLACE: Phoenix Preparatory Academy, 735 E. Fillmore St.
ATTIRE: Jeans/Slacks; T-Shirt (to be provided); Comfortable Shoes

FAX OR SUBMIT TO: (602) 256-2749 **OR** send to Lisa Silva at Maricopa County Medical Society,
326 E. Coronado Rd, Suite 101, Phoenix, Arizona 85004 **(Please Don't Do Both)**

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PHYSICIAN VOLUNTEER REGISTRATION FORM

Please ***TYPE OR PRINT*** a separate form for each volunteer, including your spouse or friends.

Name: _____ MI: _____ Degree: _____

Gender: Male Female Specialty _____

Clinic Name: _____

Mailing Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Day Phone Number: _____ FAX: _____

Emergency Contact Person: _____ Phone Number: _____

Email Address: _____

Approximately how many years have you volunteered for ACT? _____

Are you bringing an assistant? Yes No (if yes, please be sure he/she completes a volunteer form)

Do you speak conversational Spanish? Yes No

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Volunteering to do: Physicals Ear Exams Ht/Wts

Blood Pressures Non-medical help

T-Shirt Size: Medium Large X-Large XX-Large XXX-Large

Signature _____ Date _____

ANY QUESTIONS CALL: Lisa Silva at (602) 252-2015, Mon. thru Fri. 8 a.m. – 5 p.m.