

TOPS EVENTS

Team of Physicians for Students

(Please circle or highlight your desired location)

DATE: SATURDAY, APRIL 25, 2009 AND SATURDAY, MAY 2, 2009
(volunteer for one or both events!)

SHIFTS AVAILABLE: 7:00am-1:00pm 11:00 am-5:00pm All Day

PLACE: MESQUITE HIGH SCHOOL (GILBERT – April 25th)
SUNNYSLOPE HIGH SCHOOL (PHOENIX – May 2nd)

ATTIRE: Business Casual; Comfortable Shoes

FAX OR EMAIL TO: (602) 256-2749 OR send lsilva@mcmsonline.com



PHYSICIAN VOLUNTEER REGISTRATION FORM

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: _____

Have you previously volunteered for TOPS? Yes No

Do you speak conversational Spanish? Yes No

Shifts: 7: 00am-1:00pm 11: 00am-5:00pm All Day

Signature _____ **Date** _____

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