



**Please complete this Medical Provider Volunteer Application and return to the following mailing or email address:**

Tamiko Burgess  
 Center for Black Women's Wellness (CBWW)  
 477 Windsor St., SW, Suite 309  
 Atlanta, GA 30312

Phone 404-688-9202, ext.112  
 Fax 404-880-9435  
[tburgess@cbww.org](mailto:tburgess@cbww.org)  
[www.cbww.org](http://www.cbww.org)

Date: \_\_\_\_\_  
 First and Last Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Are you professionally licensed in the state of Georgia? \_\_\_\_\_ If yes, please answer the following questions:  
 Professional license number \_\_\_\_\_  
 (Please attach a copy of your professional license, front and back)

Malpractice carrier (if applicable) \_\_\_\_\_  
 (Please attach a copy of your coverage page)

Select any skills that you can provide:  
 \_\_\_ Primary Care Physician \_\_\_ Psychiatry \_\_\_ OB/GYN Physician \_\_\_ PA \_\_\_ NP \_\_\_ RN \_\_\_ LPN \_\_\_ MA  
 Other \_\_\_\_\_

Current Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_

Does your employer promote volunteer activities? \_\_\_\_\_

Please indicate below if you are willing to approach your company about any of the following opportunities:

\_\_\_\_\_ Volunteer Opportunities \_\_\_\_\_ In-kind goods/services \_\_\_\_\_ Corporate Sponsorship

Do you speak a foreign language? If so, please indicate language \_\_\_\_\_

How did you hear about the Center for Black Women's Wellness? \_\_\_\_\_

What interests you about volunteering here at the Center? \_\_\_\_\_

Are you completing these volunteer hours for school or other community requirements?

If yes, please complete the following questions:

Name of School or Other \_\_\_\_\_

Area of study, year, or other \_\_\_\_\_

Requirements of volunteer experience (necessary hours, duties, etc.) \_\_\_\_\_

Supervisor's name & phone number \_\_\_\_\_

Availability: Please indicate preferred days and times.

| 9am – 5pm | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| AM        |        |         |           |          |        |          |
| PM        |        |         |           |          |        |          |

*\*Some programs meet in the evenings and/or offsite. Please specify which days you are available after 5 pm.*