

**Rochester Students' Health Services**  
37 Woodlake Drive SE, Rochester MN 55904  
(507) 328-3967  
rshsclinics@gmail.com

**Volunteer Medical Provider Application**

This form should be submitted to the President of the Board of RSHS, Shirley Johnson (skjohnson@winona.edu) or the Health Services Coordinator of the ALC Clinic, Luke Loegering (lukeloegering@rochester.k12.mn.us).

Volunteer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

MN Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Minnesota Profession License: \_\_\_\_\_  
License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Medical Malpractice Provider: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

Have you ever been the plaintiff in a malpractice legal action or suit? If so when, details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Drug Enforcement Agency License:  Yes  No  
If yes: DEA Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Have you ever had an infraction or suspension of DEA privileges?  Yes  No  
Training: Professional education was received at which institutions on what dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Health: Do you have any medical problem(s) that may affect your work in clinic?  Yes  No  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any licensing agency ever deemed you to be impaired?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Health *(continued)*

Have you ever been investigated for allegations of sexual misconduct or predation?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have (currently or in the past) any medical/mental illnesses that would impair your ability to provide health care to the RSHS student population?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a PPD?  Yes  No If yes, when: \_\_\_\_\_  
What was the result? \_\_\_\_\_

Do you speak a language other than English?  Yes  No If yes, which: \_\_\_\_\_  
\_\_\_\_\_

Do you have any known conflicts of interest with RSHS?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Hours Intending to Volunteer:

How many hours per month do you intend to be available to volunteer at RSHS? \_\_\_\_\_  
Which day(s) of the week will work best for you in your volunteering at RSHS? \_\_\_\_\_  
Which hours of the day, on volunteering days, work best for you? \_\_\_\_\_

Do you have special expertise, subspecialty, or interests pertinent to our service population?  Yes  No  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Do you have any reservations about RSHS mission, goals, or activities?  Yes  No  
If yes, specify: \_\_\_\_\_  
\_\_\_\_\_

Do you understand that your work for RSHS is pro bono without compensation of any kind?  Yes  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your application will be reviewed at the next RSHS Board meeting and will be promptly responded to thereafter.