

OFFICE USE ONLY

Date application received _____

Applicant Placed _____

Yes

No

Preceptor _____

Start Date _____

Signature _____

Volunteer and Learner Request Form

First Name _____

Last Name _____

Address _____

Email _____

Telephone (Home) _____

Telephone (Cell) _____

Emergency Contact Name _____

Relationship _____

Telephone (Home) _____

Telephone (Cell) _____

Type of Request

Student affiliated with an academic institution (e.g. completing a placement)

Medical Resident

Medical Fellow

Clinical Observer (i.e. observation in patient care)

Volunteer (minimum of 3 months commitment)

Please fill out the following academic information, if applicable:

Educational Institution _____

Program of Study _____

Degree/Diploma _____

Year of Study _____

Expected Date of Completion _____

Academic Contact _____

Telephone _____

Email _____

Experience Start Date _____

Experience End Date _____

Number of Hours Required _____

Days of the week you are available for the experience

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times (indicate the times that you are available on each day)							

What are your learning objectives/goals and interests?

What are your relevant experiences related to this request?

For **academic credit or clinical observership**, please email this form and your resume to info@boomeranghealth.com, and indicate in the subject heading "Academic" or "Observership".

For **volunteer opportunity**, please email this form and your resume to volunteer@boomeranghealth.com, and indicate in the subject heading "Volunteer Experience".