



APPLICATION INFORMATION SHEET

Please fill this form to help us learn how and where to contact you, and a little about your background.

Ι	app.	ly	for

- o A Volunteer position
- An Employee position
- An Intern position

vant information sent):		
Cell:		
E-Mail:		
WorkCellHomeE-mail		
nticeship,job applicant, between jobs		
If so, what other organizations?		
rsonal, being able to benefit Highlands Health?		
nal capacity, do you carry professional liability or malpractice insurance? ns, we may need to photocopy your card)		
physician,receptionist nurse practitioner re should know about in case of an emergency? (i.e. heart condition, diabetes,		
e)(Relationship)		
- r		

Please note any additional comments or information you think might be useful on the back of this sheet. If you will be volunteering/working in a medical capacity, please attach a copy of your professional license.

Thank You!

All information contained in this application is confidential, and will not be shared with anyone other than the Highlands Health staff without your consent