

**TMH Physician Partner's Metabolic Health Center
Pediatric Program Volunteer Application**
Please type or print clearly

Personal Information:

Event you are volunteering for: _____

Name: _____ Sex: M / F

Date of Birth: _____ Drivers License No. _____ State: _____

Email Address: _____

Primary Phone: (____) _____ - _____ Alternate Number: (____) _____ - _____

Local Address: _____ Zip: _____

Permanent Home Address: _____ Zip: _____

Emergency Contact Information:

Emergency Contact: (full name) _____ Relationship: _____

Emergency Contact Phone No.: (____) _____ - _____

Emergency Contact Address: _____

Do you currently know anyone that has diabetes? (please explain)

Educational Information:

Name of School	Major (if applicable)	Graduation Date

Background Information:

Have you ever had a background check done? (if yes, when) _____

Have you ever been arrested or charged? (if yes, please explain) _____

Personal Health:

Allergies: _____ Medical Conditions (INCLUDING DIETARY): _____

Medications: _____ Hepatitis B Immunization: Yes / No

Camping/Counselor Experience:

List any previous experience as a camp counselor or camp staff, including when/where:

List any other experience working with children (babysitting, daycare, etc):

Camping/Counselor Experience Continued:

Age range of children you are most comfortable with: _____

What are your hobbies/interests: _____ Can you help coordinate activities/sports: Yes / No

Please briefly explain why you would like to volunteer:

Thank you in advance for your interest in our pediatric diabetes program!

Please email, mail, or fax your completed application to:

amy.jacobs@tmh.org

**TMH PP Metabolic Health Center
Attention: Amy Jacobs, RDN, LDN, CDE
2633 Centennial Blvd., Suite 100
Tallahassee, FL 32308**

Fax: 850-431-6325

