



The Community Service, Education and Research Fund (CSERF) of the Sierra Sacramento Valley Medical Society, coordinates the activities of the SPIRIT and Adopt-a-School Programs. Each program recruits volunteer physicians to serve the community in unique and different ways.

SPIRIT seeks to improve access to healthcare for the medically indigent by providing medical care. Volunteers treat patients in county or community clinics, or in their private practices (certain specialties only).

Adopt-a-School seeks to improve the health of youth by providing students with information necessary to make responsible decisions that promote their health. Volunteers "adopt" a classroom for a school year and make regular visits to teach health lessons.

The Speakers Bureau seeks to improve understanding about healthcare in general and medical specialties. Volunteers visit local health training programs as needed each school year to discuss their medical specialty and experiences in medicine.

I would like to volunteer for:

- SPIRIT
- Preceptor at UCD Student Run Clinic
- Adopt-a-School
- Speakers Bureau

How much time do you want to volunteer?

- Once per quarter
- Once per month (2 – 4 hours)
- Twice per month
- Other _____

Where would you like to volunteer?

- SPIRIT
- County or community clinic
 - Private office

Adopt-a-School

- Wherever needed
- _____

(list school name if you have a preference).

Availability to volunteer

(check all that apply)

- Mon morning afternoon evening*
- Tues morning afternoon evening*
- Wed morning afternoon evening*
- Thurs morning afternoon evening*
- Fri morning afternoon evening*
- Sat** morning

* Evenings available at The Effort

**Preceptor for Student Run Clinic ONLY

COMMUNITY SERVICE, EDUCATION AND RESEARCH FUND (CSERF)

5380 Elvas Avenue, Suite 219

Sacramento, CA 95819-2396

Tel: (916) 453-0254

Fax: (916) 453-0256

www.ssvms.org/cserf.asp

cserf@ssvms.org

**Volunteer
Physician
Application**

PERSONAL DATA (Please print or type)

Name _____

Work/ Office Address _____

Office Phone () _____

Fax () _____

E-mail: _____

Home Address _____

Home Phone () _____

Preferred Mailing Address (Check one): Work/Office

Home

Date of Birth _____

Social Security # _____

Are you a member (in good standing) of the Sierra Sacramento Valley Medical Society? Yes No

If yes, please initial here giving CSERF permission to access your membership file, _____, include DEA and NPI numbers, then skip to signature line.

If no, please fill out this entire application.

If you are interested in membership or more information about the Medical Society, please check here and an SSVMS representative will contact you.

EDUCATIONAL/TRAINING HISTORY (If additional space is required, attach CV)

Pre-medical Education

Degree _____

Location _____

Dates attended _____

Medical School

Degree _____

Location _____

Dates attended _____

Internship

Location _____

Dates served _____

Residency

Location _____

Dates served _____

Postgraduate/Fellowship

Degree _____

Location _____

Dates served _____

PROFESSIONAL DATA

California Medical License # and Date Issued _____ DEA # _____
Please attach a copy of both your medical license and your DEA certificate

NPI Number _____ Board Certified? Yes No Name of Board and Date _____

Medical Group _____

Hospital Affiliations _____

Specialty Society/Scientific Group Memberships _____

Teaching positions (past, present) _____

OTHER INFORMATION *If your answer to any of the following question is "yes" please provide information and attach it to this form.*

Have you ever been charged with or convicted of a misdemeanor or felony? Yes No

If yes, explain: _____

Have any accusations been filed against your medical license in this state or others? Yes No

If yes, explain: _____

Has your malpractice insurance ever been denied or cancelled? Yes No

If yes, explain: _____

What company carries your malpractice/professional liability coverage? _____

Do you speak languages other than English? Yes No

If yes, list languages _____

APPLICANT AGREEMENT

1. I consent to the communication, by any person or entity, of any information bearing upon my qualifications, fitness, character, or competence, and agree that there shall be no liability on account of such communication, unless a matter not reasonably believed to be true is represented as true.
2. I agree, upon request, to furnish CSERF with all information relative to any claim or action filed against me for malpractice, and I authorize and consent for CSERF to obtain from my present and/or past liability insurance carriers, any and all information regarding insurance coverage, premiums, claims and suits against me as well as settlements or judgments made on my behalf.

Signature (Sign in Ink, do not type) _____ Date _____