



Miami Orthopedics & Sports Medicine Institute

BAPTIST HEALTH SOUTH FLORIDA

Founded by  Sports Medicine Institute

Miami Orthopedics and Sports Medicine Institute Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Have you ever been a volunteer at BHSF? YES NO
 If yes, specify? _____

Are you currently attending Medical School? YES NO

If yes, please list School and Year: _____

Availability

Please mark with an "X" your weekly availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

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Company: _____ Phone: _____

Address: _____

