VOLUNTEER CALL CENTER

SIGN UP

Once you complete this form email back to

familyoutreachcoalition@yahoo.com

Full Name

Full Mailing Address

City ST Zip code

Cell Phone Number

SELECT THE CATEGORIE THAT BEST FITS

YOU’RE QUALIFICATION AS CALL CENTER OPERATOR

MEDICAL TALK PRAY LINE OPEN LINE

**WARNING FOR THOSE APPLYING FOR**

**MEDICAL TALK**

**Our organization requires anyone wishing to work under Medical Talk, has a degree in the medical field, or is currently a licensed RN-LVN-NA. As a call center volunteer for medical talk, you are not allowed to give medical advice, but you can give them CDC guidelines on what to do.**

Please in your own words tell us why you selected your topic, to talk with those calling in for help.

**Please select by circling when you are available to be on line to speak with others calling in for help?**

Mon 9 to 11 11 to 1 1 to 3 3 to 5 5to 7 7 to 9

Tues 9 to 11 11 to 1 1 to 3 3 to 5 5to 7 7 to 9

Wed 9 to 11 11 to 1 1 to 3 3 to 5 5to 7 7 to 9

Thurs 9 to 11 11 to 1 1 to 3 3 to 5 5to 7 7 to 9

Fri 9 to 11 11 to 1 1 to 3 3 to 5 5to 7 7 to 9

Sat 9 to 11 11 to 1 1 to 3 3 to 5 5to 7 7 to 9