



The Clock Building at
1000 Herrontown Road, 2nd Floor
Princeton, NJ 08540
o: 609-366-6186
f: 908-718-0332
e: info@pjihelps.org

Health Professional Registration

Personal Information

First Name _____ Last Name _____

Email _____ Phone _____

Address _____

City _____ State _____ Zip _____

Name to be printed on badge _____

Shirt Size Small Medium Large X-Large XX-Large XXX-Large

Which volunteer shifts can you work? 10am - 4pm 10am - 1pm 1pm - 4pm

Specify what languages you speak other than English

- English
- Spanish
- Russian
- German
- French
- Italian
- Polish
- Chinese (Simplified)



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Other _____

Background Check Acknowledgement

Yes, I acknowledge that a background check will be initiated upon completion of this Volunteer Sign-up form. If you have any concerns, please email us at americorps@pjihelps.org.

Date of Birth _____ Required for background check.

Medical Services

Where do you currently practice? _____

Practice Address _____

City _____ **State** _____ **Zip** _____



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Practice Phone Number _____

Do you have a license to practice in New Jersey? Yes No

Year Licensed _____ License Number _____

What field of medicine do you practice? _____

Are you legally authorized to provide vaccination services? Yes No

Are you available for additional complimentary services by appointment? Yes No

If yes, please specify: _____
